DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16889 CERTIFICATE OF DEATH 16882 deeth. PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) figuerol PLACE OF DEATH o. CDUNTY Dorchester o. STATE b. CDUNTY Dorchester Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, WIIIIamsburg - Rural Hurlock - Rural 2 vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE DN A FARM? St. Marv's Rest Home R.F.D. #1, Box 155 YES NO K 3 NAME OF Middle Lost DATE Doy Year or removal, and in any event, wit remove torban DECEASED ANDERSON 167 LAURA STANLEY December 15 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years SEX 6. COIDE DE RACE 7. MARRIED NEVER MARRIED lost birthdoy) Manths June 3, 1885 Female Negro WIDDWED DIVDRCED 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY pleose during most of working life even if retired) HOUSTRY Dorchester Co., Maryland physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henrietta (maiden name unknown) Henry Stanley 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dotes of service) 213-18-4237 George W. Andreson, Hurlock, Maryland, RFD 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) IN e t 自動自立 C INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH arcinomatosis the hospital or attending physicion. DHE TO eft Breast (b) Duct carcingua of 5vrs Canditions, if ony, which gove rise to immediate couse (o). DIJE TO stating the underlying cause this certificate hos been os the PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? use of Health Cardare Decompen ation heminlegia 10 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NDTIFY MEDICAL EXAMINER 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME DF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While DIRECTOR: After Page 4 may be retained by , 19_6,7hot (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased from / 14 to12/15 and that death occurred at 1:30 MMrom causes and an the date stated above. saw the deceased alive on. 1-167 19 220 SIGNATUR MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) arold Preston Harvlend B.Plummer director, 23c. NAME OF CEMETERY DR CREMATORY 23b. DATE THEREOF 23d. LDCATION (City or Town) (County) 23o. BURIAL, CREMATION, Dec. 18, 1967 Thompsontown Cemetery Near East New Market, Md. 0 2Sb. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Prairie ton VR A15 (4) Michaeles Federalsburg, Maryland DATE DEC 26 25M 1/67 J Framptom and Son

MARYLAND STATE DEPARTMENT OF HEALTH

Table or it.	malgari		salasman)	
A Tree	of a Market	ranga tar	A - geodeseriir	
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. Maryl a five Home .	
a di meni				
	fill per it met.	* *	trion slame	
Marie Lange	Et of the control	Lat T	Pagietos	
	Marin at Statement		estant when	
carety despited	Tearge . datagrang, in	remarkation		
	Dalwe -			

no produced from the contract to the contract to the Lagran Contract Contra

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16890 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY DORCHESTER MARYLAND c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, RURAL CAMBRIDGE QUEEN ANNE 1 YR. 9 MD. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS EASTERN SHORE STATE HOSPITAL Box 63 YES NO NAME OF First Middle 4. DATE Last Year DECEASED DECEMBER 20 CHARLES EARL ANDREWS 19 67 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost highday) Months Hours 6/30/95 WHITE MALE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY ? during mast of working life, even if retired) ST.ROADS, RETIRED INDUSTRY S. Mn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK ANDREWS MAGGIE JACKSON Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) 219-05-9619 HOSPITAL RECORDS INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY meumoni IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d INJURY OCCURRED

20c. TIME OF INJURY Month, Day, Year Haur 'a.m.

Not While of work

1967

factory, street, affice bldg., etc.)

19 66 to

12/20 19 67, that (I) (we) las

21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an 22o. SIGNATURE

auso

M.D. 22d. ADDRESS

Hurlock

STAFF

Cordova

and that death occurred at 1125 M, from causes and on the date stated above

22b. DATE SIGNED 12/20/67

22c. PHYSICIAN'S NAME (Type)

23b DATE THEREOF 23o. BURIAL CREMATION. REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 23d. LOCATION (City or Town)

(County)

Talbot

buria. 24. FUNERAL DIRECTOR

of work

ARLOS F. BARROSU

2Sq. REC'D BY REGISTRAR

(Stote) 2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR:

VR A15 (4)

death. and

hours after

event, within 72 paper filled

and in any

ar remayal.

burial, crematian,

by the t

and campletely fi remave carban

attending physician operate

permit.

burial-transit

far use as the l

ot o detached

Dept.

State

3 shauld with the

director, po

à

signed

this certificate has been

After

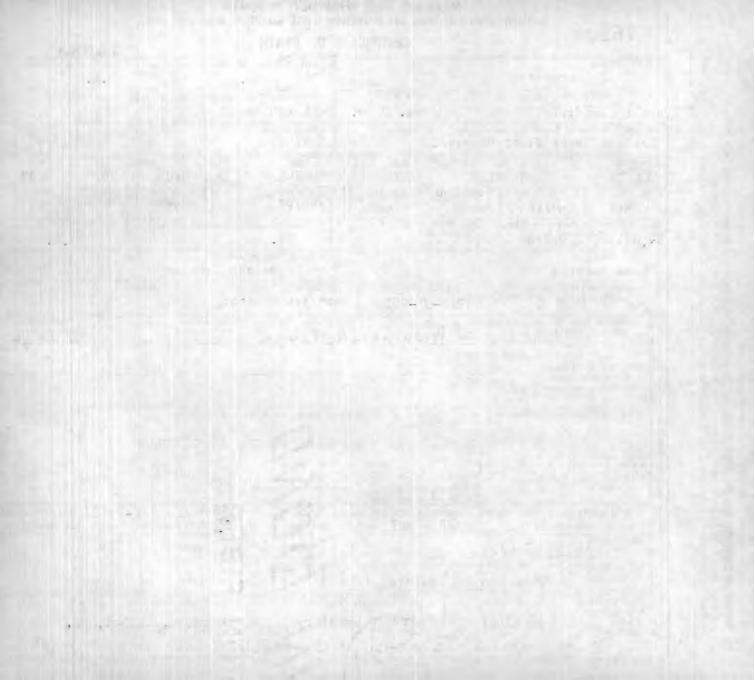
attending

be retained by the haspital ar

and

24 hours

PHYSICIAN: The law requires that the death certificate be executed within

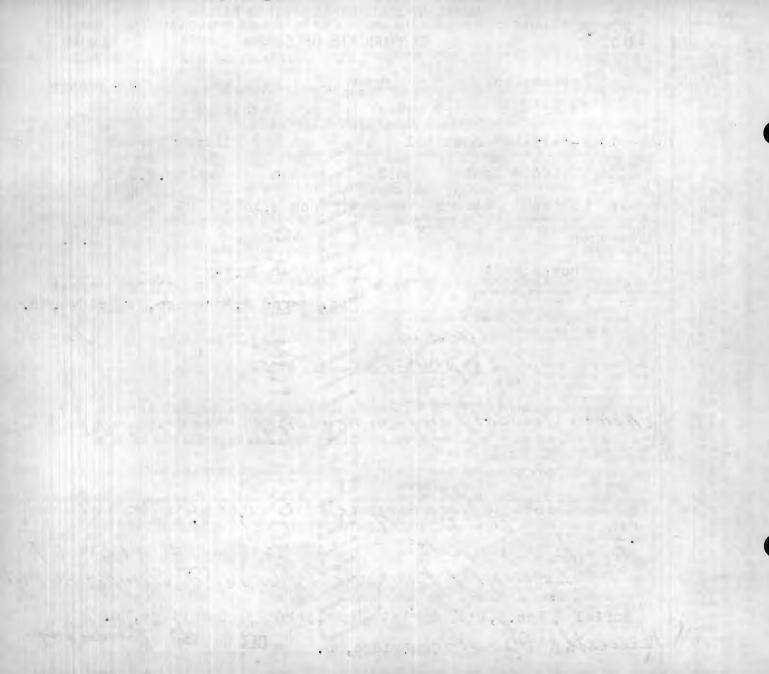


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16891 CERTIFICATE OF DEATH 16884 The law requires that the death certificate be executed within 24 haurs after death funeral 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) n. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside comprote limits, write RURAL and give nearest town write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give freet oddress) e IS RESIDENCI d. STREET ADDRESS ON A FARM? unk 1400 W. ta NO A and in any event, within NAME OF Lost 4. DATE Month Year carban DECEASED 1967 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED remaye lost birthdoy) Months Hours 02-03-95 WIDOWED DIVORCED gud KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) _COUNTRY? INDUSTRY Home 13. FATHER'S NAME crematian, ar remava RANCES Phillips ames WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, np, or unknown), (If yes give wor or dates of service Eastern Shore State Blogp LINKNOWN TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

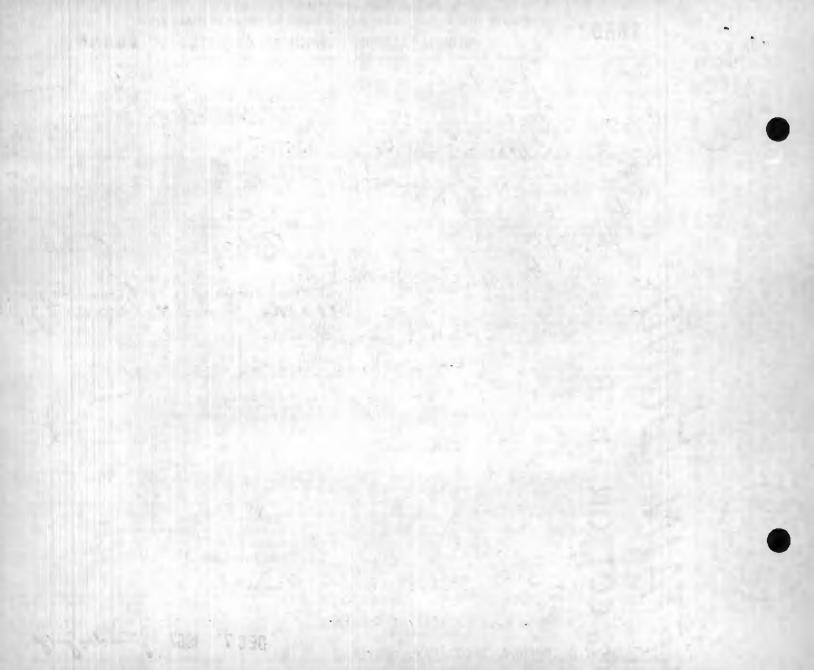
DA) = (2 M INTERVAL BETWEEN ONSET AND DEATH burial-transit PNEUMONIA IMMEDIATE CAUSE (a) py DUE TO burial, a Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO ied for use os the t t. af Health priar ta b stoting the underlying couse by the haspital or attending peen 19. WAS AUTOPSY PERFORMED? this certificate has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BRAIN SYNDROME CHRONIC DEHYDRATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) of work 19 67, to Dec 1 21. I certify that (1) (this haspital) attended the deceased from Dec 1 19 67, that (I) (we) last O HOSPITAL OR ATTEND Page 4 may be retained 1967, and that death accurred at 8450M, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an Oac 22b. DATE SIGNED 220. SIGNATURE STAFF director, page s should be filed v DIRECTOR M.D. 22d. ADDRESS 22r. PHYSICIAN'S NAME (Type) * 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Cambridge Cemetery urlal Dec 1 1967 Cambridge. Maryland REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **VR A15** LeCompte Funeral Service, Cambridge. Maryland

Neg real parties The state of the second of the the second of the second second AND A STREET SALES A WOME SUL SPREADURE OF THE SEASON TO A STREET THE NAME OF THE PARTY OF THE PA THE REPORT OF THE PARTY AND THE BUILDING

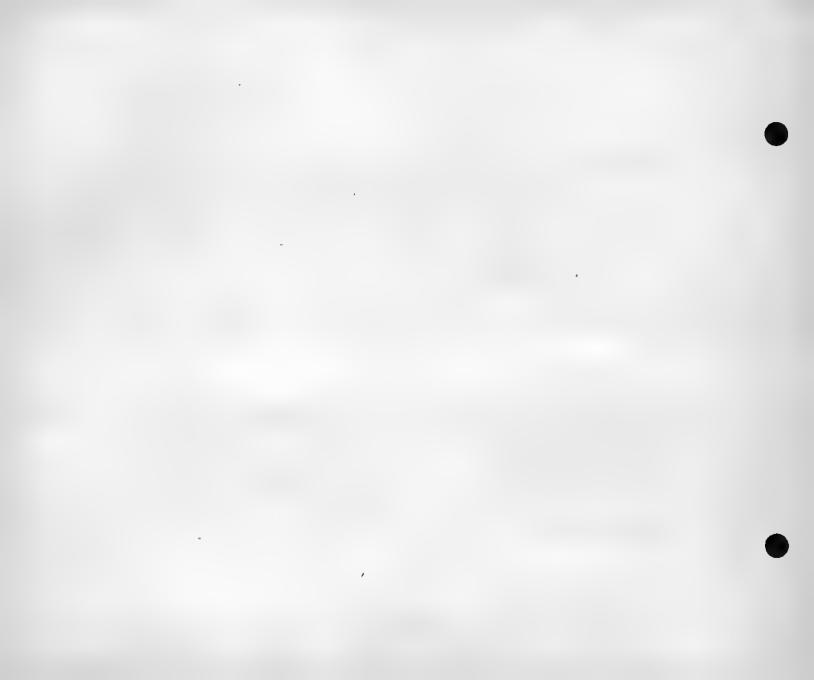
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLAND 16885
1	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institute a. STATE b. CDUNTY Dorchester MARYLAND Naryland Dor	
-	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Car bridge MARYLAND C. LENGTH DF STAY IN 1b Cambridge Cambridge Cambridge	ORAL and give hearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	Cambridge-Maryland Hospital 607 William Stree	YES NO.
	3. NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) Addie Annie Hall Barton DEATH Dec. 2, 19	Day Year 67 19
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years IFU tast Dirthday)	NDER 1 YEAR IF UNDER 24 HRS.
	remate white widowed March 4,1002 05 yrs.	
ŀ	during most of working life, even if retired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
ŀ	Homemaker Cambridge 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME	U.S.
l	773	
	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT	Street
	(Yes, no, or unkown) (If yes give war or dates of service) No Ins. Connad J. Rosemere, Can	10.100.000.00
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
١	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LIFERNIA	/ bilek
l	576× DUE TO	,
ı	Conditions, if any, which gave rise to immediate (b) operative stress	
ı	cause (a), stating the DUE TD	
l	underlying cause last.) (c) PART JI. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED JD THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T1(a) 119. WAS AUTOPSY
ı	E Cholecy stectomy and choledocholi Thotomy 11/	24/67 YES NO FI
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OF PART II	em 18.)
r		(County) (State)
I	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) 4	
l	The state of the s	19 that (I) (we) last
١		on the date stated above
	ATTENDING - MED STAFF - 4	Dec 67
	22c. PHYSICIAN'S / 4 7 22d. ADDRESS	200
	NAME (Type) Lewis M. Burdette & Agurard St. Com	bridge, Md.
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATDRY 23d. LOCATION (City, town REMDVAL (Specify)	or county) (State)
1	Burial Dec 5, 1967 Christ Churchyard Cambridge M. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	TRAR'S SIGNATURE
-	Rewell R. Housen Cambridge, Nd. DAT DEC 8 1967 for	artes judges
1:	The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16893 16886 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission). 1. PLACE OF DEATH b. COUNTY a COUNTY delay CO C. LENGTH OF STAY IN 16 OR TOWN (Wautside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside caragrate limits. write RURAL and give neares / tawn) HODDALWA Salisbury 22 e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street, oddress) R.D. (Rockawalkin) YES NO D Item 18. Give Pages haurs after death. DATE OF DEATH Office alang with 3. NAME OF Month Day Year DECEASED 19 6 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS land 2 with S. SEX 8. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthday) Days Haurs death. WIDOWED DIVORCED 11. BIRTHPLACE 12. CITIZEN OF WHAT 10a. USUM/OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even iteratived) INDUSTRY be executed within 24 Ξ Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER in pencil 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? within 72 Furbosh Frankford, 1De permit. (Yes, na, ar unknawn) (If yes give war ar dates of service) "pending" No INTERVAL DETWEEN CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) burial-transit event PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) This certificate shauld writing the ward the Aud Canditions, if any, which gove rise ta immediate cause (a) farwarded to = DUE TO stating the underlying cause va ouches gud Crosins SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar remayal, NO the certificate, 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY ar CONTRIBUTING EXAMINER: CAUSE OF DEATH (City or town) (County) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While Haur a.m. at work Page 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection [Inquiry ond in my opinion P death resulted fram: Natural causes Accident Suicide Undetermined manner funeral directar. CHIEF MEDICAL EXAMINER 12 -1 -6 722. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Drigr FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, Rity Town, or county) Health NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL, CREMATION, 0 50 REMOVAL (Specify) Dec. 4. 1967 Worcester County. Olivet Cemetery Maryland Buria1 24. FUNERAL DIRECTOR VR A 15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16894 CERTIFICATE OF DEATH 16887 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY n. STATE **b** COUNTY DORCHESTER WORCESTER MARYLAND c. LENGTH OF STAY IN 16 c (ITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits. write RURAL and give nearest town) 30 YEARS SNOW HILL RURAL CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ≘. d. STREET ADDRESS e IS RESIDENCE ON A FARM? EASTERN SHORE STATE HOSPITAL NO YES NAME OF First Middle 4 DATE Month carbon Last Doy Year completely DECEASED 19 67 ANNA BONNEVILLE DECEMBER 14 (Type or print) DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED M DATE OF BIRTH last birthday) Months Hours 9/7/78 FEMALE WHITE ond in any DIVORCED WIDOWED and 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY? Mo. REG. NURSE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo EDWARD J. BONNEVILLE ESTHER E. JONES the offending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) NDNE HOSPITAL RECORDS INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per upe for (o), (b), and (c), Greller Voraclos acadent ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave (b) rise to immediate cause (a), **D**UE TO stating the underlying couse as been as the prior to b the hospitol or attending (c) 19. WAS AUTOPSY PERFORMED? this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO 🔀 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part It of item 1B) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER' 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) 20c, TIME OF INJURY Month, Day, Year (County) (State) Hour fa.m. factory, street, office bldg., etc.) While Not While OR ATTENDING at work at work 12/14, 19_67, that (1) (we) last 21, 1 certify that (1) (this haspital) attended the deceased fram 9/9 19_37_, to. be retoined 1967 and that death occurred at 9:45 M, from couses and on the date stated above. saw the deceased alive on. TO FUNERAL DIRECTOR: 22b DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 12/14/67 DIRECTOR 22d. ADDRESS 22r PHYSICIAN'S E.S.S. HOSPITAL, CAMBRIDGE, MD. directar, should be 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) 25b. REGISTRAR S SIGNATURE 25a REC'D BY REGISTRAR 24 EUNERAL DIRECTOR VR A15 (4) 25M 1/67



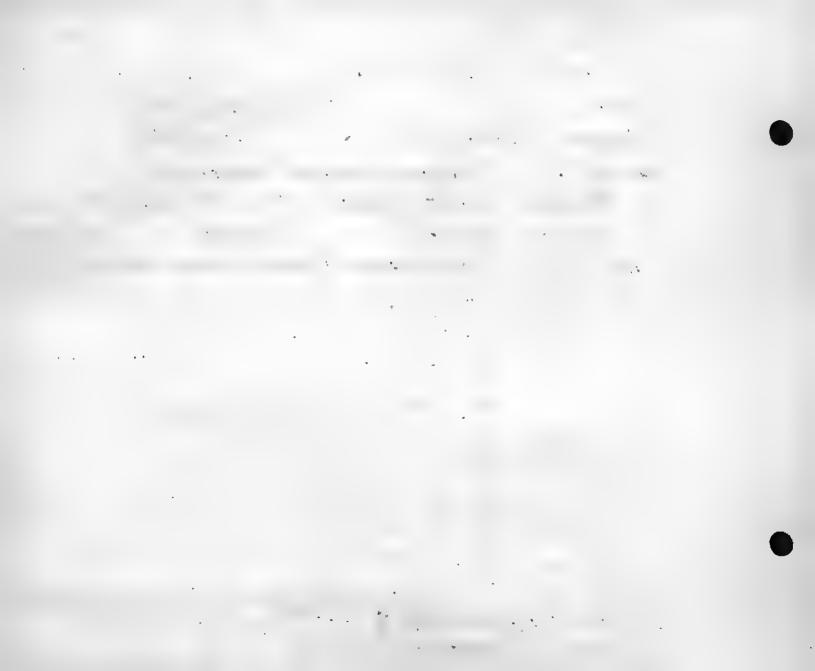
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1,,888 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o STATE Marryland b COUNTY Wicomico o COUNTY Dorchester P.M.3. Page MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate iim ts. c LENGTH OF STAY IN 16 and write RURAL and owe negrest town) 1 Min. Hebron d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Box 261 farm Lillian Street Chootank River bridge Rt. 50 the certificate, writing the word "pending" in pencil in Item 18. Give Pages shauld be farwarded to the Chief Medical Examiner's Office along with far NO 7 This certificate should be executed within 24 hours after death. 3 NAME OF First Middle Last 4. DATE Month Day DECEASED December OF DEATH 22, William Bounds John (Type or print) S SEX AGE (In years IF UNDER I YEAR 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED B. DATE OF BIRTH last birthday) June 18,1929 Male W-DOWED DIVORCED T 72 haurs ofter death 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT Painting during regist of working He, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Bounds Ruby Cox 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ga or unknown) (If yes, give war or dates of service)
Yes
XOPES 17 INFORMANT 16 SOCIAL SECURITY NO Address Dorchester County Sheriff, Cambridge, Md. any event within 18 CAUSE OF DEATH (Enter only one couse per line for (o). (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Drowning Instant IMMEDIATE CALSE (o). DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIF CANT COND, TONS CONTRIB., TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND, J ON GIVEN IN PART II OTHER SIGNIF CANT COND, TONG CONTRIB., TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND, J ON GIVEN IN PART II OTHER SIGNIF CANT COND, TONG CONTRIB., TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND, J ON GIVEN IN PART II OTHER SIGNIFICATION. ar remayal, CERTIFICATION 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 1B.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH Passenger in auto which hit bridge and plunged into river. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form 20f. (City or town) (Caunty) (State) 20c TIME OF INJURY Manth, Day, Year Whife at wark I at wark foctory, street, office bldg, etc.) may be retained far your FUNERAL DIRECTOR: Page Md. Cambridge 12-02 AM 12-22- 1967 Dor. 21. I certify that I took charge of the remains described above, held an Autopsy , inspection , Noturoi couses Accident X, Suicide , Homicide Undetermined monner deoth resulted_from: CH EF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. 12/22/67 Address (Street, city, tawn, at county) 23a BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) Hebron Cemetery Hebron VR A 15ME (S Salisbury, Md. Wallace

TW

1	MARYLAND STATE DEP	ON STREET, BALTIMORE, MARYLAND 2120	01
	16896 DIVISION OF VITAL RECORDS, 301, W. PRESTO Item 4 Ficertificate	OF DEATH	10884
funeral and 2	o. COUNTY Dorchester MARYLAND	7 ISSIAL RESIDENCE (Where deceased lived if inst	
surs after deat by the funeral Pages I and ours after deat	b CHY OR TOWN (4 outside corporate limits, write RURAL and give nearest town) Cambridge entire life	Cambridge	RURAL and give nearest town)
ed in b	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Shawnee Roa	e IS RESIDENCE ON A FARM? YES NOW
within willing within	Cambridge-Maryland Hospital 3. NAME OF First Middle Middle	Lost 4 DATE 21	forth Doy Year
campletely filled in ave carban papers	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	Brohawn DEATH Dec. 25 B. DATE OF BIRTH 9 AGE (In year lost birthdoy) Months Days Hours Min
certificate be exe physician and c hen please remo naval, and in any	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Dec. 21, 1967 Yr. 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rtificate ohysicia on plea	None 13. FATHER'S NAME	Cambridge 14 MOTHER'S MAIDEN NAME	U.S.
at the death certificate be executed the attending physician and camplet nost permit. Then please remave car matian, or remaval, and in any event,	(Tes. no. or Jinknown). If it was give wor or dotes of service !!	Joanne Bauer INFORMANT Camb arles S.Brohawn, Shaw	fridge, Md.
equires th physician signed by burial-tra burial, cre	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse DUE TO	elefarction-	INTERVAL BETWEEN ONSS AND DEATH
IN: The law re ar attending ate has been ar use as the lealth priar to l	OST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
rsician: ospital ar certificate hed far u	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item 18)	
DING PHYSIC by the hospi After this certi be detached State Dept. a	pm. 17 of work L1 of work L1	CE OF INJURY (Home, form, fory, street, affice bldg , etc.)	
= = = = = =	12.	t death accurred at M, from cause	es and on the date stated above
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	220. SIGNAFURE 22c. Phys Gan s	ATTENDING MED STAFF DIRECTOR PHYS 22d. ADDRESS	22b DATE SIGNED
SPITAL 4 may IERAL or, pa	NAME (Type) Dt. Wilbur N. Baumann	10 Aurora St Cambri	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		Memorial Park, Cambr	idge.Md.
VR A15 (4) 25M 1/67	Secureth A Roman Cambridge,	Md. 250. RECD BY REG STRAR 25b 25b	REGISTRAR'S SIGNATURE

two for one death certificate Film G397 2/16/68 kk

	MARYLAND STATE DEPARTMENT OF HEALTH
$\sqrt{\ln \pi}$	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(171)	CERTIFICATE OF DEATH
₹ _2€	1 DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR
deoth.	(Type or print) Annie Elizabeth Bryan DEC. 18-1967 Year 915
offer of the fun	3. SEX 4. RACE 9 DATE OF BIRTH 6 AGE (IN years IF UNDER 14 BIRTH
a a series	Female White Dec. 10, 1877 last bindiday) RS. MONTHS DAYS HOURS MINE
ours after deoth	7a. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH (country)
24 H	Maryland (Inted States WIDOWED DIVORCED DOTCHESTER M
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth, the hospital or attending physicion. It is certificate has been signed by the attending physician and completely filled in by the funeral stacked for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 Dept. of Health prior to burial, cremotion, or remavol, and in any evant, within 72 hours after depth.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during great all working life, expen if retired.) 12 LISUAL OCCUPATION (Kind of work done during great all working life, expen if retired.) 12 LISUAL OCCUPATION (Kind of work done line)
will rely bor ', we	Nurisck, 110. Delle Naven Kursing Mme House Wite
nple e ca	130. USLAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN) 13d INSIDE CITY LIMITS?
xecu nova ny e	14 FATHER'S NAME , Figst Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
and and rer	Narrison Baynard Flizabeth Keighbors
ite t	THAN WAS DEFEASED EVED IN . S APMED EDDESS HAN SOCIAL SECTION NO 17 INFORMANTS
ifica ysie ol, o	Yes, no soylinknown) (If yes give wor or dotes of service) 220-01-0608-A Cleribel B. Windsor Nurlock Md.
rent line pl	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).). APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ndin it.	PARTI DEATH WAS CAUSED BY: Verebr 1 Vasculor Accident & Broncho 3 das
e de arte on, c	33/X BUSTEC DE AS A SEGNIS FOLIENCE COF -
t the	Conditions, if any, which gove (b) pngumonic since 12/15/57
tha on. by rren	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
rres ysici ned nal-t	(g) Gemeralized arteriosclorosis & samility 15 yrs
sig bur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The low reattending hos been se as the th prior to	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? , 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
ne ke Iften os t os t prii	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Fater nature of injury in Part 1 or Part 1
or o	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.)
CIAN iffice for for for	OR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d INLIEV OCCUPED 121e PLACE OF INTURY (AT NOME FARM, SIREET, FACTORY) 23f IOCATION Street or R.E.D. No. City or Town. County State
PHYSICIA the hospitol this certifica detached fo e Dept. of H	
PH he h this etac	While Nat while of work of work
ING Dy fl Ter Tafe tafe	220. 1 certify that (1) (this hospital) attended the deceased from 19 to 1 - 10/0/19, that (1) (we) ig
END ed 1	sow the deceased slive on
Shot ith t	22b SIGNATURE 22c DATE SIGNED
OR ATTENDING De retained by the Steer is a should be ded with the State	Lessee DEGREE PHYS DIRECTOR DI
A A A Bood	22d. PHYSICIAN S 22e. ADDRESS
SPIT 4 m 4 m 16 EV	NAME (Type) harol * PiPlummer 11.). Preston waryland
Page 4 may be retained by the hospital. The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230 BURIAL (REMAT DN, 23b. DATE 230/NMETOLEMETER) OR REMATORY 23d LOCATION (City of Town) (County) (State)
5 5 5 W	150R177 129919614 1109
OM REV	24-FUNGERIAL DIRECTOR 250 REGISTRAR'S SIGNATURE 1250. REGISTRAR'S SIGNATURE 1250 REGISTRAR'S SIGNATURE
	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16898 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neasest town) PHYSICIAN: The law requires that the death certificate be executed within 24 hauss e IS RESIDENC papers. not in haspital, give street address) d. STREET ADDRESS and in ony event, within 72 ON A FARM filled YES NO remove corbon 3 NAME OF 4 DATE Month Year and completely DECEASED OF DEATH (Type or print) S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED ... I lost birthday) Manths Days Hours WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT eose during/m/st of working life, even if retired) INDUSTRY Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN signed by the ottending physi buriol-transit permit. Then pl buriol, cremotion, or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove nse to immediate cause (a), DUE TO stating the underlying cause After this certificate has been be detached far use as the State Dept. of Health priar to lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO N this certificate 20g. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (State) (City or town) (County) Hour a.m. factory, street, office bldg, etc.) While Not While at work of work 21. I certify that (4) (this haspital) attended the deceased from Jon 13 1966, 19 to \$0028,1467, 19 , that (1) (we) last director, page 3 should should be filed with the saw the deceased alive on $1^2/27$ 167 19 , and that death accurred at $1.30 \, \mu$ M, from causes and an the date stated above O FUNERAL DIRECTOR: 22g. SIGNATURE 22b DATE SIGNED 28 M.D. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 004 N man 23o. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) , REMOVAL (Specify) Mt Zien Princesa 24. FUNERAL DIRECTOR ADDRES: 2So. REC'D BY REGISTRAL VR A15 (4 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1689 CERTIFICATE OF DEATH 16892 The low requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY **b.** COUNTY Dorchester MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RJRAL and give nearest town) *runa* e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS ve corbon paper event, within 71 NO PC 3 NAME OF Middle 4. DATE Year DECEASED arroll (Type or print) DEATH DATE OF BIRTH 9. AGE (n years NEVER MARRIED remove lost birthdoy) Dovs Haurs WIDOWED X burial, cremation, or removal, and in any DIVORCED physician and chemical please removed 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Kent Maruland Housework 13. FATHER'S NAME 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no. or unknown). If If yes give war or dates of service) ambridge: 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. NTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion. DUF TO Canditions, if any, which gove (b) rise to immediate cause (a), **DUE TO** stating the underlying couse be detached for use as the Stote Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) There is NO NO **DIRECTOR:** After this certificote 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While of work 21. I certify that (1) (this haspital) attended the deceased from 12-20 , 1967 , 10 /2 - 25 1967, that (1) (we) last 19 67, and that death accurred at 7 4 M, from causes and an the date stated above saw the deceased alive an 12 - 24 22a. SIGNATURE 22b DATE SIGNED DIRECTOR M.D. PHYS 12-28-67 director, page 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) RIC HARD BILODEAU OAKLEY 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION (Stote) (County) anding Neck 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE E. NEWNAM & SON. Easton.

1,5

	1	:6300	BUNCIA	N OF M			DEPARTMI			ND 01001		
1	It	em 6 Film G396	1/12	/68 k	ik kecukus,	GERTIFI	CATE OF I	EEI, BALIIM DEATH	UKE, MAKTLA	ND 21201	6803	
· (a)	_	ECEASED-NAME First		-	Middle	CLIVIIII	Lost	PEATIT	20. DATE OF DEAT			2b. HOUR
de altre	(Type or print) Lew	is		D	C	ooper		IS '	Nonth 29y	I 57	M
	3. SI		4. RACE				S. DATE OF BIR		6 AI	GE (In years		F UNDER 24 HRS. HOURS MIN
	L	Male		Teg		I a		-I374		birlbdgy)	I I	
a de se	Zo.	BIRTHPLACE (Stote or foreign Maryland	76 CITIZEN	US 4	COUNTRY?	8. MARRIED WIDOWED	NEVER MARR	CED 9.	COUNTY OF DEAT			***
n 24 lled pape		CITY OR TOWN OF DEATH		11 NAME	F OF HOSPITAL OR IN			120. USUAL (Dorche DOCCUPATION (Kind	of work done	12b KIND OF BU	JSINESS OR
vithii sly fi	П	Carbridge			et oddress) ambride	e Ho	sp	during most	of working life, e BOY		INDUSTRY fari	n
ted v pplete cark	13o odm	USUAL RESIDENCE (Where deceos	ed lived, if	institution:	Residence before	13c, CITY C	R TOWN	YES NO	A .	IND NUMBER		
xecu can nave	14	FATHERS NAME First		uddle	Lost	Tra	IS. MOTHER'S MAI		1	Middle		Lost
and and in a		James	m	ildere	Cooper		is. morning man		rah		Purnel:	
ate ician lease and	160	. WAS DECEASED EVER IN U.S. ARA (es. no. or unknown) 1 (If yes give v			b. SOCIAL SECURITY		INFORMANT			Address	_ 02101.	
phys an p wal,		(es, no, or unknown) (If yes give v	on on adults at 20	S.	19-14-2	777	Mary	Amy Co	oper	Trappe	APPROX.MA	
ing I		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cous			.)					BETWEEN ONS	T AND DEATH
deat tend rmit.	1	44.4 X	TE CAUSE (7	remia							
the at per trian		Conditions, if ony, which gave)			t pione	7 20 1	ia con	diomas	011710	none.7		
hat n. sy th ansi		rise to immediate couse (o), stating the underlying couse	(0, OR AS /	A CONSEQUENCE OF	1 100	YAG CKI	Carle O V ELE	VILLE-I	<u> Perrer</u>	-	
equires that the physician. signed by the burial-transit purial, cremati		lost.		(4)								
requi		PART 2. OTHER SIGNIFICANT COM	IDITIONS <u>CO</u>	NTRIBUTIN	G TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE ORCON	DITION GIVEN IN P	'ART 1(o)		
law endin bee s th riar t	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION	FOR WHICH	OPERATION WAS PE	RFORMED	20o. AUTOF	PSY?			ONSIDERED IN CER	(IFYING
The aff	RIFIE					1	YES 🗀	NO 🗀	CAUSES OF D			
CIAN: ital a lificate f for a	MEDICAL C	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA' (If either, notify medical exami	HOU HOU	TIME OF IN R A.M P.M.	NURY Month Day Yeor I		HOW INJURY OCCI	UKRED (Enter no	oture of injury in I	off I or Port 2, I	tem 18.)	
Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept. af Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after the place of the dept.	WE	21d INJURY OCCURRED 21e.	PLACE OF I	NJURY (AT	HOME, FARM, STREET, FA FFICE BUILDING, ETC	CTORY) 21f.			City of To		County	Stote
DING by t ffter ffter be c	П	22a. I certify that (I) (the saw the deceased a causes stated above	is hospito	al) often	ded the deceos	ed from z	.ay	, 19	17, to Dec	27, 19.	, that (I) (we) lost
TEN ined puld the		causes stated above	iive dii <u> </u>	(d <u>id) (d</u>	d not) view the	bady afte	r death.	r) (doi) apinik	JII dealli occoi	ieu un me uu	re una noor or	iu ii uiii iiie
reta reta shirk with		22b SIGNATURE	M	E	7		ATTENDIN		CTOR PHY	1 22€ [DATE SIGNED	
DIR DIR Filed	Н	22d PHYSICIAN'S	Jes.	ng/			GREE PHYS.		CTOR - PH	/S. 🔲 🔤	.,, .,	
O HOSPITAL Page 4 may O FUNERAL to director, pag should be fill		NAME (Type)	Muli	i Fas	ssett,	H.1.	ပ်	3 i(.	. st., (Jambei	ge, IId	
HO:	230	0.511.01111.00 . 5.3	DATE	_	23c NAME OF				23d. LOCATION (Ci		(County)	(Stote)
52.52.0%	24	FUNERAL DIRECTOR	2-30	-67	ADDRESS	liam	sburg	2So. REC'D BY I	near Tr	appe 25b. REGISTRAR'S	Talbot	t Md.
VR A15 (4) 30M REV. 1 /68)) [*	Dashiell, b	.1.	Eas				DATE AN	R 1000		ula Oud	2.48
								- V F1 I V				-

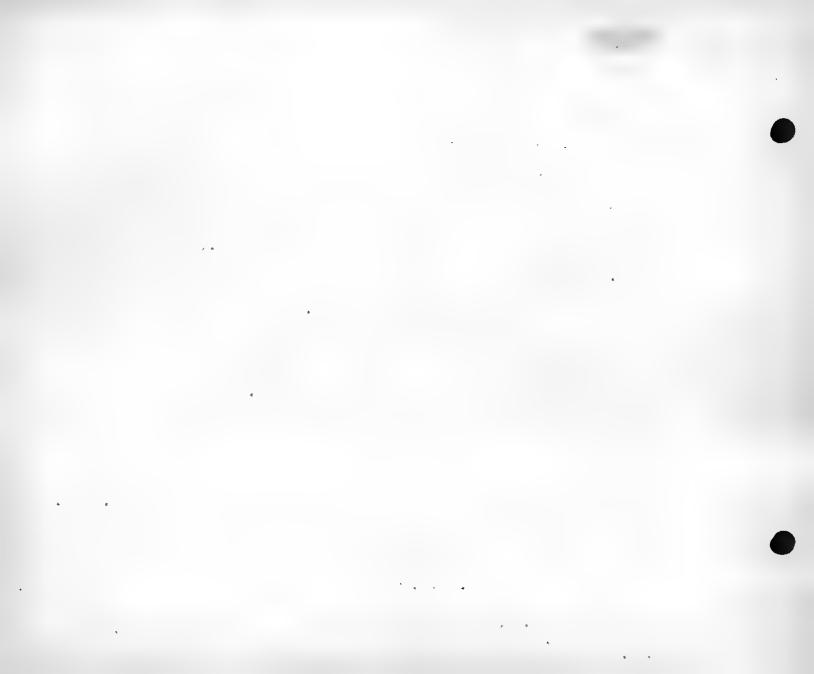


	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
<i>-</i>	CERTIFICATE OF DEATH 16894	
funeral funeral	1. PLACE OF DEATH COUNTY DOTCHESTET MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before of the ster by	
by the Popes	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge	wn)
Affed his pagers	Old Macos Jane	RESIDENCE N A FARM? NO 🔀
ed withi	3. NAME OF First Middle Lost 4. DATE Month Doy OF Cornish Cornish December 8	Year 19 6 7
cate be executed with sicion and completely blease remove carbot, and in any event, when the carbot is the carbot is and in any event, when the carbot is the carbot is and in any event, when the carbot is and in any event.	Male Negro widowed Divorced December 7 1967 lost brindoy) Months Doys 1	UNDER 24 HRS ours Min. 57
icate be ex spicion ond please rem II, and in an	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF Windows of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF Windows of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF Windows of working life, even if retired) 10b. KIND OF BUSINESS OR 10b. KIND OF BUSINESS OR 10b. BUSINESS	
certifice g physi Then pl moval,	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ruby Odetta Cornish	
ne deoth certific attending phys permit. Then p ion, or removal,	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Address 914 Maces Lane, Cambridge, Md.	
quires that the physican. Indicate the surial, cremation of the surial	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. (c)	AL BETWEEN AND DEATH
SICIAN: The law respital or attending I stifficate has been sed for use as the to the latter of Health prior to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WA PER YES [S AUTOPSY FORMED? NO X
PHYSICIAN: te haspital or this certificate stacked for u Dept. of Heal	PER YES [20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, form, form, form) 20f. (City or town) 40 While Not While No	194-4-3
TO HOSPITAL OR ATTENDING PHYSIC Poge 4 may be retained by the haspi TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached should be filed with the State Dept. of	p.m. of work of or work	(State)
ATTENDING stained by th GTOR: After the should be di	21. I certify that (1) (the hamital) attended the deceased from <u>December 7, 19.67</u> , to <u>December 8, 19.67</u> , that saw the deceased allow an <u>December 7, 19.67</u> , and that death accurred a <u>3.40A</u> M, from couses and on the date s 220. SIGNATURE	(1) (we) last tated above.
O HOSPITAL OR ATTENE Poge 4 may be refained 5 FUNERAL DIRECTOR: a director, poge 3 should Stould be filed with the	M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 12-10	-67
TO HOSPITAL Poge 4 may TO FUNERAL director, pog.	NAME (Type) DY J dwin Fassett 623 High St. Cambridge Md. 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. Inc. 23d. LOCATION (City or Town) (County)	D(Mot2)
	Cremation 12-8-67 Cambridge Maryland Hospital Cambridge Dorch 24. FUNERAL DIRECTOR Plant : Milleans ADDRESS 250 REGISTRAR 19 756. REGISTRA	nester
20 M 1/64	Katherine Williams R. N. Cambridge Md.	9

MARYLAND STATE DEPARTMENT OF HEALTH



1 42.00	Division of STATIST				PARTMENT OF H I W. PRESTON STRI		RE, MARYLA	ND 21201	
16.102		MEDIC	AL EXAMINE	R'S	CERTIFICATE O	F DEATH		1589:)
1 PLACE OF DEATH o, COUNTY	Dorchester		MARY_A	IND		ryland	b. COUNTY	Dorches	ster
"Cambri	If outside corporate mits, daive nearest town)		3 days	lb	c CITY OR TOWN (IF or	tside carparate li rlock	mits, write RURAS	and give neares	st town)
	AL OR INSTITUTION (IF not dee-Maryland				d STREET ADDRESS			1	e is residence On a farm? Yes NO ▼
3 NAME OF DECEASED (Type or print)	FLORENCE	ALBER	Middle PERKII	NS	CORNISH	4 DATE OF DEATH	Decembe	er 14	Year 19 67
Female	6 COLOR OR RACE Negro	7 MARRIED [NEVER MARRIED DIVORCED		About 1908		ut 5/9	Months Doys	Hours Min
during most of working Housewo	(Give kind of work done life, even if retired)	INDU	OF BESINESS OR STRY IOME		11 8IRTHPLACE (Stote Dorcheste	er Co.,		2 CIT 7EN OI COUNTRY? USA	ř WHAT
13 FATHER'S NAME					14. MOTHER'S MAIDEN	.,			
	Oursey RINUS ARMED FORCES?	16.50	CIAL SECURITY NO	17 11	Z1	nna Per	kins Address		
(Yes, no, or unknown)	(If yes give wor or dotes of	Serv.re	ıknown		y E. Farrov	v. Hurlo		vland	
18 CAUSE OF D PART I. DEA	EATH (Enter only one caus TH WAS CAUSED BY: IMMEDIATE CAUSE (o) Toxe						ıNT	ERVAL BETWEEN ISET AND DEATH
Conditions, if ony	e couse (o), (Dur T	b) First	second		third deg		rns	3	days.
stoting the under	riving couse	(c)		127	or pody,				
PART II OTHER S	GNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATE	ED TO T	HE TERMINAL DISEASE CON	VDITION G VEN IN	PART I(o)	19 Y	WAS AUTOPSY PERFORMED? ES NO
20a EXTERNAL CO PRIMAR AD OF CO CAUSE OF DEATH 20c TIME OF INJ Hour o	NTRIBUTING	20b DESCR		· ·	E OF INJURY (Hame, fare			thing	on fire
20c TIME OF INJ	JRY Month Day, Year n 12/11/67	20d INJU While of work	Not While	De. PLAC Focto HO!	E OF INJURY (Hame, farm bry, street, office bldg., etc.) MO	20F (Cr	ock, D		
21. I certil death resul	y that I took charge	of the remo	ns described obov		de 🔲, Hamicide	Inspection Undet		Branco I	in my opinio
ACTUAL SIGNATURE	John	22	med		(T): U:	ICAL EXAMINER] 12/	20/67	22. DATE SIGNED
EXAMINER'S NAME (Type) 230 BURIAL, CREMAT REMOVAL Speed	John Mace			DV 00 1	Address (Street	AL EXAMINER X	unty) Ca	mbridg	e, Md.
230 BURIAL (REMAT REMOVAL (Specific	Dec.20,	1967	23c NAME OF CEMETER Washingtor ADDRESS		metery	Near	ON (City or Town)	k Mary	, , ,
Z4 FUNERAL DIRECTO	2 Tracaplacio	L'	.,		ZSO. RECT	BY REGISTRAR	- Jan 64. Ja	IKAK 2 ŞIUNAJUN	ichtige.



	16903	DIVISION O	F VITAL RECORDS,	301 W. PRESTON STRE	ET, BALTIMORE, MA	RYLAND 21201		
	10400		(ERTIFICATE OF D	EATH		13896	•
	DECEASED NAME (Type or point)	First	Middle	Last	Za DATE OF		67 Year	2b. HOUR
	· · · · ·	1ARY	М	Coursey				1
3 !	FEMALE	4 RACE WHI	TE	S. DATE OF BIRT		6 AGE (In years losy tyrthdoy) YRS	MONTHS DAYS	HOURS M.N.
70 cos	BIRTHPLACE (State or foreign untry) MARYL AND	7b (ITIZEN OF USA	WHAT COUNTRY?	8. MARRIED NEVER MARRI WIDOWED DIVORCE		DEATH HESTE R		Md
	CITY OR TOWN OF DEATH		e street oddress?	TITUTION (If not in hospital ORE STATE HOS	120. USUAL OCCUPATION dueing most of working		12b. KIND OF B INDUSTRY	USINESS OR
adr	. USUAL RESIDENCE (Where on the consistent of the constraint) STATE MARY L	deceased I ved, if instit LAND 13b COUNTY	ution Residence before		d. INSIDE CITY LIMITS? 13e. ST	REET AND NUMBER 12 KIOWELL	Ave	
14.	FATHER 5 NAME First	Middle	Last	15. MOTHER S MATE		Mrddle	hal .	Lost
	Тноми	<u> </u>	MARK	WAL	ERS: MARY	Аии	WAR	TERS
16	a. WAS DECEASED EVER IN U. Yes, no, or unknown) [11] ye	S. ARMED FORCES? as give wor at dates of service}	7.1 -07-52		or mus Franci	Address	U-	
=					OF THE EASTE	KN SHURE S		ATE INTERVAL
	18. CAUSE OF DEATH (En PART 1. DEATH WAS	CAUSED BY-	11/-> -	1			BETWEEN ON	SET AND DEATH
	⊥ IN	IMEDIATE CAUSE (a) 📖	V HEWAY	anu	······································		160	1145 -
	Canditians, if any, which		R AS A CONSEQUENCE OF	16 V1 1	to all		11/2	
	rise to immed ofe cause	(a), (b)	AS A CONSEQUENCE OF	a connugaci	CALLES -		11111	1197-
П	stating the underlying colost.	ause (c)	A CONSCIOUNT OF					
	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL I	DISEASE OR CONDITION GIVE	N IN PART 1(a)		
z	+ Old Lin	that hin a	LIKNIAK E	Smith Vet	sea houl			
CERTIFICATION	190. DATE OF OPERATION /	196. CONDIT ON FOR	VHICH OPERATION WAS PER	FORMED 20a. AUTOPS		YES, WERE FINDINGS CO	ONSIDERED IN CEI	RTIFYING
ı				YES 🗀	40 [X]	OF DEATH?		
180		m . 4: 111114		21c. HOW INJURY OCCU	RRED (Enter noture of inju	ry in Port I or Port 2, I	Item 1B.)	
MED C	(If either, notify medical a	examiner) P.M	19					
W	While Not while	21e. PLACE OF INJURY	COFFICE BUILDING, ETC	/	·	or Town	County	Stote
	22a. I certify that (I) (this hospital) a	ttended the decease	d fram FED 4	, 18 _7 , ta	7-3/, 19.	<u>67</u> , that	(I) (MP) las
1	saw the deceas	ed alive an 44 bave.(I) (we)(dia	1) (did nat) view the l	d from FEB 4 9, 22, and that in (my) addy after death.	(gr) apinian death	accurred an the da	te and haur a	nd fram th
ı	226 SIGNATURE	5.0%	,				DATE SIGNED	-
L		Colle	1100-	DEGREE PHYS	□ MED □ □	STAFF PHYS.	2-31-	67
D	22d PHYSICIAN'S NAME (Type) EDI	ARD LEWIS	м. То.	22e. ADDRI	SSH CA	MBRIXG	EP	7D.
234	BURIAL, CREMATION, BEMOVAL (Spec fy)	23b. DATE JAN.	23c NAME OF	EMETERY OR CREMATORY	23d LOCATH	ON (City or Town) + UTREVILL	(County)	(State)
24	FUNERAL DIRECTOR	Def	ADDRESS	110/11	ISa REC'D BY REGISTRAR	968 REGISTAR		ige.
	Jun Jun Jun	THE STATE OF THE S	- DEREUM	Part IIII				

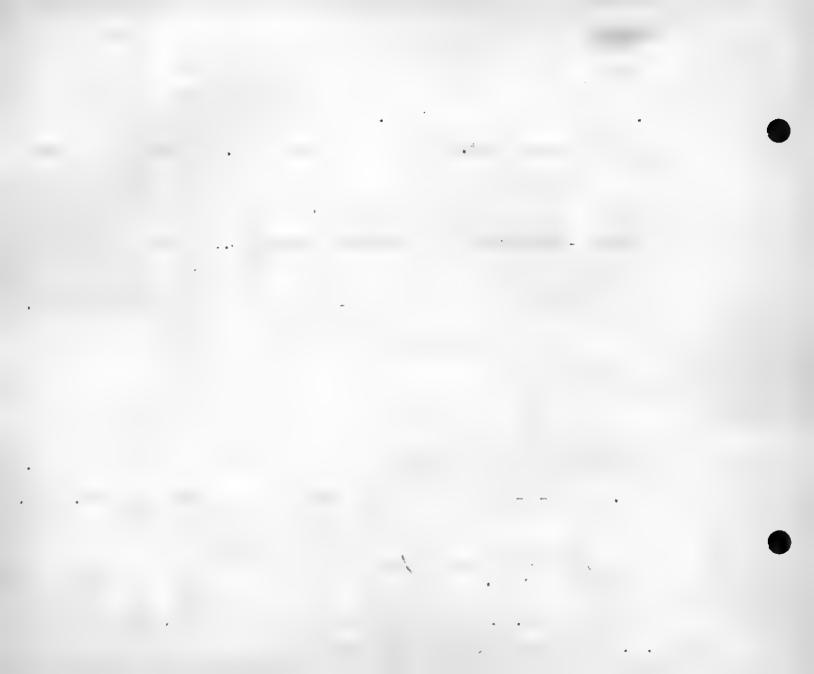
MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16904 CERTIFICATE OF DEATH 16897 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. SIA Haryland a COUNTY **b.** COUNTY Dor. MARYLAND Dorchester
b CITY OR IOWN (if autside carparate imits, C LENGTH OF STAY IN 16 C. C.TY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) Cambridge, R.D.1 Years Cambridge. R.D.1 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Town Point THE NO [Town Point 3. NAME OF 4 DATE First Manth OF DEATH Dec. 26. DECEASED Florence Blackburn Daniel (Type or pnnt) S SEX 9 AGE (In years last birthday) 6 COLOR OR RACE B. DATE OF BIRTH FUNDER 24 HRS 7 MARRIED NEVER MARRIED remave Months Female. Whi te WIDOWED IX Feb. 27, 1896 DIVORCED 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT please INDUSTRY COUNTRY? Flushing, L. I. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Milton Duflocq Elizabeth McClelland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service Mrs. Dale C. Price. Cambridge, R. D 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONSET AND DEATH signed Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 9 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? NO 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c. TIME OF INIJRY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While at work at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) ottended the deceased from and that death accurred at saw the deceased alive on 12/26 from causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Page 4 may 23d. LOCATION (City or Town) 235 DATE THEREOF 230 BURIAL, CREMATION, (County) Dec. 29, 1967 Arlington Natl Cemetery Fort VR A15 (4) 25M 1/67 DATE JAN wend Cambridge . Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 10898/-MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY delay is and 3 ta Dorchester Maryland MARYLAND Caroline 1 and 2 with the State Deportment c CITY OR TOWN (If autside carparate limits, write RJRAL and give nearest fawn) CLENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits. P.M.3. write RURAL and give nearest town) I liin. Preston d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Office along with form Choptank River bridge Rt. 50 Box 233 Rt. 2 XXXX NO X (Choptank) in pencil in Item 18. Give Pages This certificate should be executed within 24 hours after death. 3 NAME OF Middle DATE Manth Day Year DECEASED William Henry Deen December 67 DEATH (Type or pnnt) IF UNDER 1 IF UNDER 24 HRS 8 DATE OF BIRTH 9 AGE (In years 5 SEX 6 COLOR OR RACE 7 MARRIED F NEVER MARRIED birthday) Dec. 21, 1916 in any event within 72 hours after death. White WIDOWED DIVORCED Male 11. BIRTHPLACE (State or foreign country) 10a USUA, OCC., PATION (Give kind of work done 10b. KIND OF BUS NESS OR 12 CITIZEN OF WHAT COUNTRY? during most of working the every free red Chemical Corporation Caroline Co., Maryland e cert ficate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elbert Deen Clara Wright 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, of unknown) (If yes give war or dates of service) Dorchaster County Shertiff, Cambridge, Md. Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries, severe DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse ond 00 be used PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(u) 19 WAS AUTOPSY PERFORMED? ar remayal, CERTIFICATION YES X NO please execute the cert ficate, 20a EXTERNAL CAUSE WAS PRIMARY TO BY CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of in cry in Part I ar Part II af Item 1B) 3 shauld Driver of car which hit bridge and plunged into water. cremation, 20e PLACE OF INJURY (Home, farm 20f (City or town) (County) 20c. TIME OF INJURY Month Doy Year 20d INJURY OCCURRED Bridge While at wark I at wark 12.02 IM 12-22-19 67 Cambridge Md. Dor. 2) I certify that I took charge of the remains described above, he d an Autopsy X., Inspection . ond in my opinion inquiry far FUNERAL DIRECTOR: Undetermined manner death resulted fram: Natural causes Accident Suicide Homicide funeral directar. CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED 5 may be ret TO FUNERAL D Health prior t ASS STANT MED CAL EXAM NER SIGNATURE DEPUTY MFD CAL EXAM NER John Mace Jr. 12/22/67 Address (Street, city, tawn, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) BUR AL CREMATION Dec. 24, 1967 Junior Order Cemetery Preston, Maryland 25b REGISTRARS SIGNATURE 25d REC'D BY REGISTRAR VR A15ME (5) Framptom and Son, Federalsburg, Maryland DATE NEC



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT!	1 PLACE OF DEATH a. COUNTY Dorchester Output Dorchester Output Dorchester Output Dorchester Dorchester Output Dorchester Dorchester Output Dorchester Output Dorchester
Cany deloy is 2, ond 3 to PM3 Page	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) entire life Elliott
orm PA	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS on A FARM? YES \(\text{Now} \)
offer death 8. Give Page: along with fr with the Staff	3. NAME OF First Middle Last 4. DATE Manth Day Year OF OF DEATH Dec. 5.1367 19
hin 24 hours offer de ncil in Item 18. Give P niner's Office along wi poges lond 2 with the urs offer deoth.	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (In years lost birthdoy) Manths Doys Haurs Min Divorced Divorced 1965-7,1887 9 AGE (In years lost birthdoy) Manths Doys Haurs Min
24 hour frem of frem of fer de	106 USUAL OCCUPATION (G ve kind of work done out in the country) 12 CITIZEN OF WHAT COUNTRY? 106 USUAL OCCUPATION (G ve kind of work done out in the country) 12 CITIZEN OF WHAT COUNTRY? 11 BIRTHPLACE (Stote or fareign country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
be executed within 24 hours "pending" in pencil in frem I nief Medicol Examiner's Office ansit permit. File pages lond 2 ent within 72 hours offer death	Cirond J. Tiliott Nartha C. Noore 15 Was Deceased Extra INL. Appending pages 2 1/4 Social Security No. 1/2 INFORMANT Address
executed nding" Medicol permit.	(Yes, no, or unknown) [If yes give war or dotes at service] Trs. Sylvia Flliott Tiliott Cause of DEATH (Enter only one couse per line far (a), (b), and (c)) INTERVAL BETWEEN
HINER: This certificate should be executed within 24 hours ofter death if a secrificate, writing the word "pending" in penal in item 18. Give Pages 1, should be forworded to the Chief Medical Examiner's Office along with farmfiles. 3 should be used as a bunol-transit permit. File pages I and 2 with the State Dention, or remove, and in any event within 72 hours offer death.	PART I. DEATH WAS CAUSED BY. (4) Coronary occlusion (4) DUE TO PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary occlusion DUE TO
This certificate should cote, writing the word be forworded to the Chebe used as a burnof-transovo, and in any every	Canditions, if any, which gove (b) Tise to Immediate couse (a). Stating the underlying cause lost. (c)
TCAL EXAMINER: This certificate is execute the certificate, writing the ctor. Page 4 should be forworded to ned for your files. ECTOR: Page 3 should be used as a buburol, cremotian, or remove, and in	DART III OTHER SIGNIFICANT CONDITIONS CONTRICTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
MINER: This of the certificate, 4 should be found tiles. e 3 should be untained to remove	PERFORMED? YES NO IS 200 EXTERNIA. CALSE WAS PRIMARRY Or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH 201 T.MF OF INJURY Month, Dov. Year 201 INJURY OCCURRED 202 PLACE OF NJURY (Home, form, 201 (City or town) (County) (State)
L EXAMINER: ecute the cert Page 4 should or your files. R: Page 3 should, cremotian, c.l.,	20c T.ME OF INJURY Month, Doy, Year Haur a.m. 19 While at work at work 21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspect an Type, and in my opini
Medical EXAM leose execute the director. Page 4 stained for your DIRECTOR: Page to buriol, cremo	death resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined manner .
	ACTUAL SIGNATURE EXAMINER John Mace Jr. ASSISTANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER Address (Street, city, lown, of County) 12/6/67
o DEPUTY Incressory, plant the funeral of Funeral of Funeral Health prior	230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
VR A15ME KS	READYN (SORTY) Dec. 7, 1967 Dorchester Nemorial Flank, Cambridge, Md. 24 FUNERA, DIRECTOR ADDRESS 250. RECT BY REGISTRAR S SIGNATURE
6M 1/67	Dereill . Thorecas Cambridge, Md. DATE DEC 8. 1967 goverlas Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16903 CERTIFICATE OF DEATH 16900 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. a. COUNTY a. STATE b. COUNTY Workester MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (if outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If autide carporate limits, write RURAL and give nearest tawn) filled in 1 popers thin 72-bo HOSPITAL OR INSTATUTION of nat in haspital, give street, address d STREET ADDRESS e IS RESIDENCE ON A FARM? NO 🔀 corbon NAME OF 3 First lost 4 DATE Month Day Year completely DECEASED OF DEATH 1967 Jn.S and in any event, (Type or pnnt) E UNOFR 1 YEAR UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE n years last birinday) Manths Ogys Hours DIVORCED WIDOWED and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) physicion on pleose leose during most of working life, even if retired) INDUSTRY COUNTRY 2 Z1. S. Q cuse-wife 14. MOTHER'S MAJDEN NAME FATHER'S NAME or removal, 16 SOCIAL SECURITY NO INFORMANT Address (Yes, pg, ar unknown) (If yes give war or dates of service) HOKHOWN 221-10-0331 buriol, cremotion, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH buriol-transit signed by 1 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). r this certificate has been si defacthed for use as the b te Dept of Health priar to b DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending last. WAS ALTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (C+y or tawn) (Caunty) (Stote) Hour om. factory, street, affice olda, etc.) Not While at work at work 2). I certify that (1) (this haspital) attended the deceased fram 7/60.22 1967 10 ollie. 5-19.67, that (1) (we) last 1967, and that death accurred at 500, M, fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED CIRECTOR MD poge 22d ADDRESS 22c PHYSICIAN S director, po NAME (Type) 23a BURIAL CREMATION 23b OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) ellows 2 250 REC'O BY REGISTRAR **VR A15** 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16908 CERTIFICATE OF DEATH 1 3 9 0 1 deoth. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE 6. COLINTY DORCHESTER Pages 1 MARYLAND b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TRAPPE RURAL CAMBRIDGE 1 YR. 8 MD. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? EASTERN SHORE STATE HOSPITAL YES X NO NAME OF First Middle 4. DATE Lost Month Year Doy DECEASED OF THOM AS FAULKNER DECEMBER 11 DEATH 19 67 (Type or print) IF JNDER 1 YEAR | IF JNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Doys Hours 3/2/00 ar removal, and in any MALE WHITE WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** INDUSTRY Mo. U.S. FARMER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ROBERT J. FAULKNER MARTHA COLEMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 215-33-1111A HOSPITAL RECORDS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH BRON CHOPNEUMONIA 3614 IMMEDIATE CAUSE (a) DUF TO CEREBRAL VASCULAR ACCIDENT Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF IN-URY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work L. of work 21 I certify that (I) (this haspital) attended the deceased fram. 4/15 , 1966 , to . . 1967, that (I) (we) last saw the deceased aliveran 12/11 19 67, and that death accurred at ______M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED DIRECTOR 12/11/67 M.D 22d ADDRESS 22c. PHYSICIAN'S E.S.S. HDSPITAL, CAMBRIDGE, MD. FELIPE M. DOMINGUEZ director, p 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR EREMATORY 23d LOCATION (City or Town) (County) (Stote)

The low requires that the death certificate be executed within 24 hours after death.

the funeral

filled in

remove

signed by the buriof-tronsit

detoched

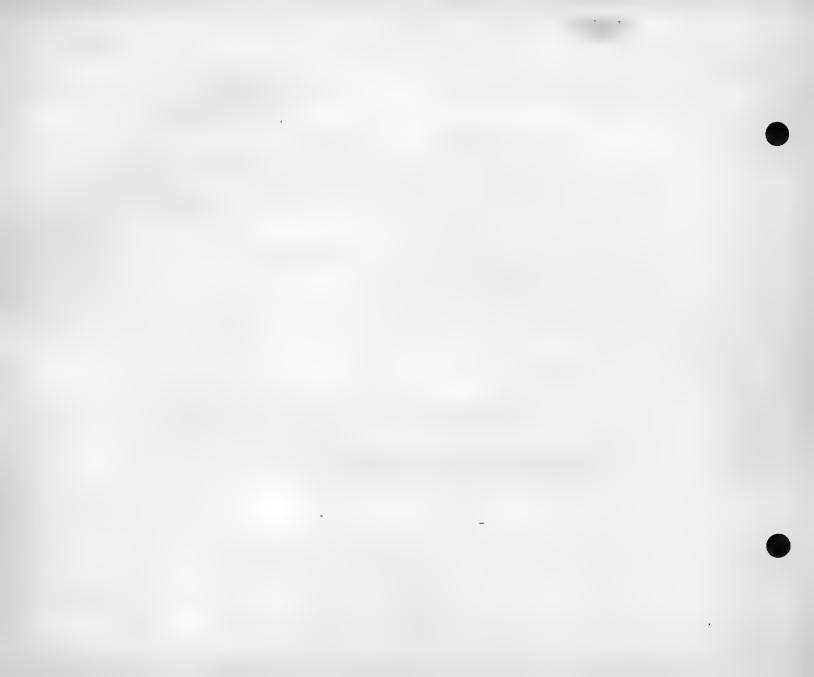
24. FUNERAL DIRECTOR



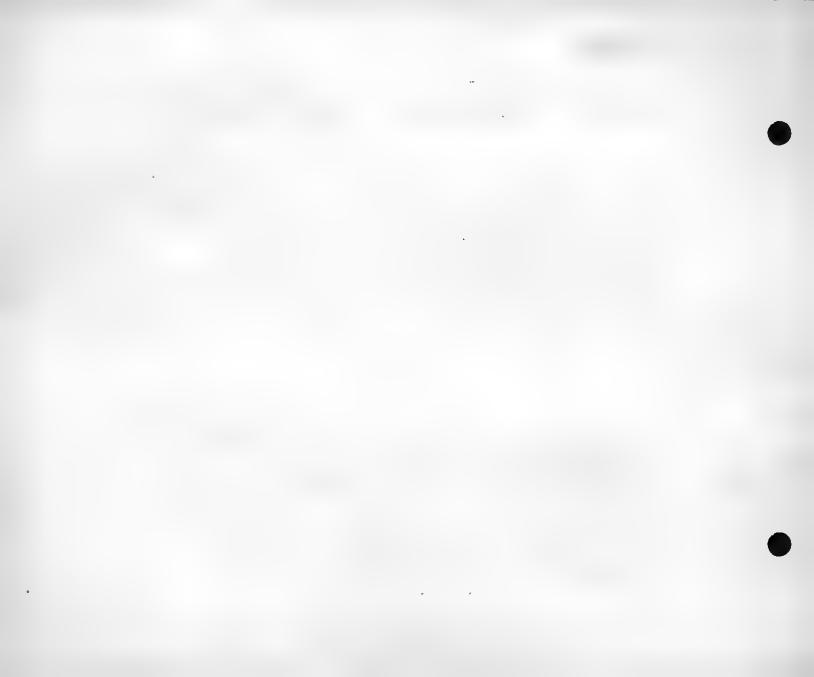
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16909 16902 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death. puo 2 USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) 1. PLACE OF GEATH funerol ь социту a. COUNTY Dorchester MARYLANO Cueen Anne c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cambridge 4 days Grasonville e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Post Office Eastern Shore State Hospital TI NO 🔀 YES Middle. DATE NAME OF Year Farst (Type or print) 1967 ZA DEATH IF LINDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last hirthday) Months WIDOWEO DIVORCED Negro 12 CT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** Queen Anne COOK 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ion, or removal, Lillian Wilson Charles Scott.Sr. 17. INFORMANT 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war at dates af service Gould Grasonville. Maryland 214-26-1384 Marvel INTERVAL BETWEEN 18. CAUSE OF DEATH (Enler only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burioffronsit p ONSET AND DEATH Acoldont Vascular Cerebro IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health ! YES X NO 20b. OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B.) 200 ACC DENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF IN.URY (Hame, form, (City or town) (State) 2Dd INJURY OCCURRED (County) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur 'a.m. at wark at wark 21. I certify that (I) (this hospital) attended the deceased from . 19 . to 19___, that (I) (we) last Poge 4 may be retained and that deoth occurred of____ _M, from causes and on the date stated above saw the deceased alive on O FUNERAL DIRECTOR: 22b DATE SIGNED 220 SIGNATURE DIRECTOR MO bage 22d ADDRESS director, pa shauld be f NAME (Type) F. F 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF BURIAL, CREMATION Grasonvi Robinson 2Sa REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 25M 1/67



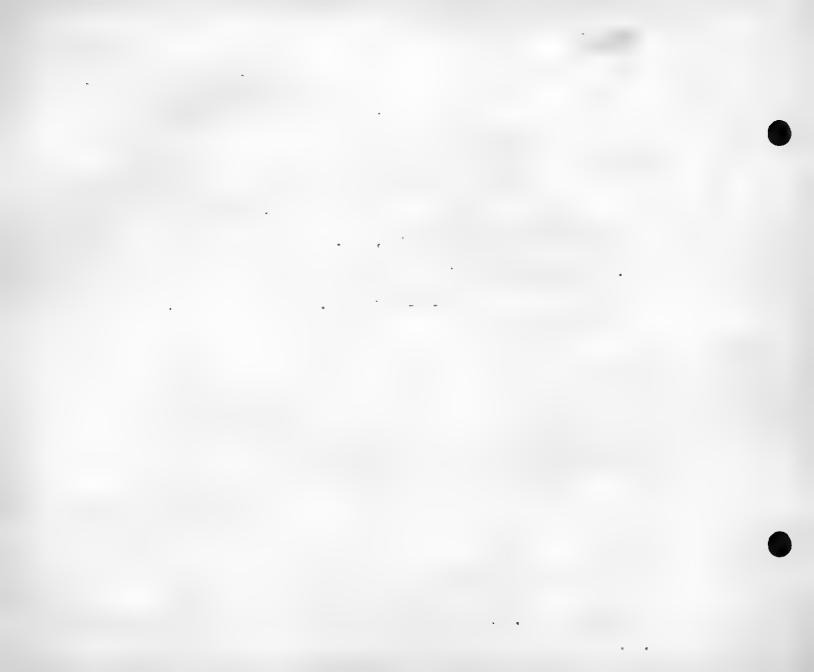
DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY **b.** COUNTY SOMERSET MARYLAND MARYLAND DORCHESTER b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CAMBRIDGE (RURAL 7 MONTHS PRINCESS ANNE IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS paper Filled YES NO EASTERN SHORE STATE HOSPITA 201 HAMPDON AVE within carban NAME OF 4. DATE Middle Last Month Day Year DECEASED ÔF 19 67 event, (Type or print) DEATH 6 DECEMBER MAE HALL S SEX IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR 7. MARRIED **NEVER MARRIED** buthday) Haurs Days and in any DIVORCED WIDOWED 07-11-88 NEGRO gud 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12 CT ZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) during most of warking life, even if retired) COUNTRY? INDUSTRY attending physician sermit. Then please USA HOUSEWORK MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, RESECCA MORRIS HENRY MARRIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, na, or unknown) (If yes give war or dates af service) RECORDS OF THE EASTERN SHORE STATE HOSPITA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) the hospital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse as the last. WAS AUTOPS' PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health NO certificate 20a ACCIDENT WAS JNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port , or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF JULIEY Month, Dov. Year Hour 'a.m. foctory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased from 05-01 saw the deceased alive on 12-06-1957, and that death 19.67 to 12-06, 19.67, that (1) (we) last O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: sow the deceased alive on. , and that death occurred at 22a SIGNATURE 22b DATE SIGNED STAFF director, page 3 M.D DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) / EASTERN SHORE STATE HOSPITA DATE THEREO (County) (State) REC'D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATE 2 USUAL RESIDENCE (Where deceosed lived if institution. Residence before admission) o COUNTY o STATE b. COUNTY Page MARYLAND à C LENGTH OF STAY IN 16 puo del d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? in Item 18. Give Poges 1, r's Office alang with farm YES NO V 3. NAME OF M-ddle DATE Lost Month Day Year DECEASED OF (Type or print) DEATH pages Land 2 with F UNDER S. SEX 6 COLOR OR RACE 7 MARR ED NEVER MARR ED g years rthday) Months Doys Hours M DOWED DIVORCED event within 72 hours after death pending" in pencil in Item 18 ef Medical Examiner's Office 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 ≰ITIZEN OF WHAT a most of working life, even if retire of rdsman This certificate shauld be executed within HER'S MA DEN NAME Fle WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN (Yes no, or unknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY ONSET AND DEATH please execute the certificate, writing the word "pe I directar. Page 4 shauld be farwarded to the Chief. Coronary occlusion IMMEDIATE CAUSE (o) DUE TO dny Conditions, if any, which gove (b) nse to immediate cause (a), DUE 10 stoting the underlying couse remayar, and last used 19 WAS A JTOPS V PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO |X pe 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 3 shauld crematian, or PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, farm 20f (City or fown) 20c TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While at work L at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🔀 Inauiry , and in my apinian death resulted from: Naturai causes 😿 Accident Suicide Ham+cide Indetermined manner funeral directar. may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE ealth priar TO DEPUTY necessary, DEPUTY MEDICAL EXAMINER Cambridge. Jr. M.D. John Mace Address (Street, city, town or county) the VR ATSME



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16912 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH Dorchester a. COUNTY o STATE **b** COUNTY Maryland Caroline MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b (ITY OR TOWN (If outside carporate limits, write RURAL and a ve_nearest town) c LENGTH OF STAY IN 1b Federalsburg The low requires that the death certificate be executed within 24 haurs 2 years e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 함 Belle Haven Nursing Home YES NO X NAME OF Middle 4 DATE First. Tost Month Day Year DECEASED OF DEATH **CHARLES EDWARD** HARRIS December 19 19 67 (Type of print) IF UNDER I YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED lost biethdoy) Hours Male April 15, 1900 White WIDOWED X DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT signed by the attending physician o burial-tronsit permit. Then please burial, cremation, or removol, and in duracros of working the controlled Maryland Plastics. Inc. COUNTRY? Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME F. William Bigler Harris Anna Belle Walker IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, Stunknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address 217-09-5349 Mrs. Anna Belle Pippin, Denton, Maryland INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY. ONSEL AND DEATH IMMEDIATE CAUSE (a) Core aral 'ascular Accient (thro Dosis) Page 4 may be retained by the hosp tal or attending physician. DUF TO Arte insclaragia o Inno mata ljvrs Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse Arta i - clerosis 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Right in inlegia Loss of loft lower log NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED O FUNERAL DIRECTOR: After this Hour 'o.m. factory, street, office bldg., etc.) of work ATTENDING ot work 21. I certify that (1) (this haspital), attended the deceased from 11,17,55, 19, ta 1/2/57, 19, that (1) (we) last saw the deceased give an 1/2/19, and that death occurred at 5:30 PMram causes and on the date stated above. director, page 3 should saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR 22c. PHYSIZIAN'S 22d. ADDRESS NAME (Type) ** Preston. arvlana 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. ±OCATION (City or Town) BURIAL, CREMATION, REMOVAL (Specify)
Burial Dec.21,1967 Hill Crest Cemetery Federalsburg Maryland 24. FUNERAL/DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4 J. Framptom and Son, Federalsburg, Maryland DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16966 The law requires that the death certificate be executed within 24 hours after death. 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b COUNTY < MARYLAND X c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town hours .⊑ (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE papers ON A FARM? filled EASTERN Shore STATE HOSPITAI Che SADRAKE NO X burial, cremation, ar removal, and in any event, within YES NAME OF attending physician and campletely to sermit. Then please remave carban Year DECEASED (Type or print) OF DEATH 7. MARRIED 9. AGE (n years IF UNDER 1 YEAR **NEVER MARRIED** WIDOWFD DIVORCED 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY LUDRKER 14. MOTHER'S MAIDEN NAME Ste 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates at service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) }
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) INTERVAL BETWEEN sign by the burial-transit ONSET AND DEATH Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause directar, page 3 shauld be detached far use as the Shauld be filed with the State Dept. of Health prior ta **DIRECTOR:** After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 2Do. ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dr. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour 'a.m. factory, street, affice bldg., etc.) Nat While , 19 6 7. ta /2-6, 19 67 that (N) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 19 67, and that death accurred at 3 35 M, fram causes and an the date stated above. saw the deceased alive an_____ 22a. SIGNATUR 22b. DATE SIGNED M.D DIRECTOR 22c PHYSICIAN 22d ADDRESS TO FUNERAL 23a, BUR AL, CREMAT ON, REMOVAL (Specify) 23b DATE THEREOI NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawa) (County) 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE



1	MARYLAND STATE DEF	
FOR STATE	46012	S CERTIFICATE OF DEATH
PM3. Page 15 PM3. Page PM3. Page 16 PM3. Page 16 PM3. Page 16 PM3. Page 16 PM3. Page 17 PM3. Page 17 PM3. Page 17 PM3. Page 18 PM3. PM3. PM3. PM3. PM3. PM3. PM3. PM3.	PLACE OF DEATH COUNTY Dorchester MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) 0 STATE Maryland b. (OUNTY Dorchester
	b. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Wingate Life	c (HY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wingate
form form	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None	d street address Nome e is residence on a farms yes \square no
hours ofter death 1f of the Store of the sound of the store of the sto	(ripe or binn)	LLIDAY 4. DATE Month Doy Year OF DEATH Dec. 7, 19 67
hours offer Item 18. G Office olon Iand 2 with	Female 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 DIVORCED 1	June 18, 1883 9 AGE (in years FUNDER 1 YEAR FUNDER 24H June 18, 1883 9 AGE (in years FUNDER 1 YEAR FUNDER 24H Months Days Hours M
24 hours of the series of the	100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEYTIC INDUSTRY	Dorchester Co., Maryland COUNTRY? USA
be executed within 24 "pending" in pencil in ief Medical Examiner's nsit permit. File poges ent within 72 hours aft	13 FATHER'S NAME Whitten Dean	14 MOTHER'S MAIDEN NAME Cora Parks
ing" in edical E erm.t. F	(Yes, no or unknown) (If yes give wor or dates of service) unk	r. Evans R. Holliday, Wingate, Maryland
should be execute ne word "pending" o the Chief Medical buriof-tronsit perm.t n any event within "	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coronary occl 4 201 DUE 10	usion NTERVAL BETWEEN DASET AND DEATH
LEXAMINER: This certificate shotective the certificate, writing the worded 4 should be forwarded to the or your fles. R:Page 3 should be used as a burion, cremation, or removal, and in any it	Conditions, if ony, which gove nse to immediate couse (o), stoting the underlying couse lost (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	D THE TERM NAL DISEASE COND T ON GIVEN N PART I(o) 19 WAS A TOPSY PERFORMED? YES NO
	F PRIMARY OF CONTRIBUTING	D (Enter nature of injury in Port I or Port II of item IB)
		LACE OF INJURY (Home, form 20f (City or town) (County) (State octory, street, office bldg , etc.)
	21 I certify that I took charge of the remains described above, he death resulted from. Not rol couses X, Accident , Sui	sicide, Homicide, Undetermined monner
TY, Perol Poer rior	SIGNATURE STANDARD TO BE STANDARD TO	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 12/9/67 DEPUTY MEDICAL EXAMINER ACCORDANGE OF A LICE
necessory, page function of the function of th	NAME (Type) John Nace Jr. M.D. 230 BURNA (REMATION, PRIVOVAL (Specify) Dec 10, 1967 Dorchester I	Address (Street, cty. town, or county) Cambridge, IId. R (REMATORY 23d LOCATION (City or Town) (County) (Stote) Memorial Park Cambridge, Maryland
VR A 15ME (5)	24 FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambrid ge, Ma	



1	MARYLAND STATE DEPARTMENT OF HEALTH		
-	16915 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
Mi	CERTIFICATE OF DEATH	10908	
death and death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution		
funeral funeral Tand	a. COUNTY Dorches ter MARYLAND O. STATE MARYLAND 6. GOUNT	Y 1700	
the the safe	b CLY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	At and give nearest town)	
by #	Cambridge / Ween / 1211 a		
4 ho	d HATTE OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddgress) d STREET ADDRESS	e 15 RESIDENCE On a farm?	
fillec pag hin	Cambriage HBrylana	YES NO NO	
equires that the death certificate be executed within 24 has physician. Signed by the attending physician and completely filled in burial-transit permit. Then please remave carban papers burial, crematian, ar remaval, and in any event, within 72 h	3 NAME OF DECEASED First Middle Lost 4. DATE Month OF 1	0 10	
ted pplet	(Type or print) 6 (OLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BLORA 9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS	
ron ron nave	F W WIDOWED ON DIVORCED 1/2-1/9/3 (15st birthdoy)	Months Doys Hours Min	
and ren	TO HE THE OCCUPATION OF SHALL	12 GJ ZEN OF WHAT	
ian ian and	during most of working fite, even if settred) NDUSTRY	1.S.H.	
iffica hysic ral, c	13. FAPMER'S NAME 14 MOTHER'S MAIDEN NAME	1	
red Plant	MIDERT O. Paradiell Christiand Voi	ronue_	
eath andir ar re	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA_SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service)	Aural Dola	
afte afte jan,	18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))	INTERVAL BETWEEN	
the the mati	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ON 1/0 CAPDIAL (NFARSI) ON	PORSET AND DEATH	
tro.	THINKEOUNTE CAUSE (OF		
uires nysic gnec urial	Conditions, if any, which gove (b) (b) (b)		
req ig pl a bi	stating the underlying couse Dut 10		
faw ndin bee s th iar t	last. (c)	Tig. state attroped	
The law requires the attending physician. has been signed by se as the burial-traith priar ta burial, cre	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES NO TA	
Lar Lar cate or u	200 ACCIDENT WAS UNDERLYING 2015 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)	YES NO	
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers agass 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after depth.	OR CONTRIBLE NG CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHY e ho nis c fach Depi	20¢ T ME OF INJURY Month, Doy, Year 20d INJURY OCCJERED 20e PLACE OF INJURY (Home, form, foctory, street, affice bidg, etc.)	(County) (State)	
NG Y the er the deer de	pm 17 atwork L1 of wark L1	2 17	
NDI ed by ed by ee St	21. I certify that (I) (this haspital) attended the deceased from 196/10/23	, 19 © /, that (I) (we) last nd an the date stoted obove.	
TTE daine Hack	saw the deceased alive on 192/, and that death accurred 32 M, fram/causes a	22b. DATE SIGNED	
OR A Service of Maria	M.D. ATTENDING MED DIRECTOR DIPHYS D	12-11/67	
AL O	22c PHYSICIANS 22d ADDRESS VICES ADDRESS VIC	E MTV	
SPIT 4 mc IERA Gr., F d be	NAME (Type) W. E CUCHESY JK. CHTWINSTELLED		
O HOSPITAL Page 4 may O FUNERAL director, pag	230 FILRIAL CREMATION 236 DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23-10CAT ON ICITY OF TOWN	(County) (State)	
	24 FUNERAL BIRECTOR 2 ADDRESS 1280 METER BY REGISTRAR OF 7255 METERS ADDRESS 1280 METE	HANDAR'S SIGNATURE	
VR A15 (4) 25M 1/67	Beth Military by, Court Tow Morket ME DATE DEC 15 1961	marles Judge	



. 1	MARYLAND STATE DE	PARTMENT OF HEALTH TON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	In a la	S CERTIFICATE OF DEATH	13903
HEALTH DEPT.	1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, finst tution R	Designation of the second
	o COUNTY Domohouton	o. STATE Maryland b. COUNTY	tes dente before damissian)
de d		CCITY OR TOWN (floutside corporate limits, write RURAL or	chester
THE SECOND	write RURAL and give nearest town)		na g ve neorast rown)
20 W. O.	Hurlock d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address)	Hurlock d. STREET ADDRESS	I O IS DES DENCE
ath If unages 1, 2 th farm			e. IS RESIDENCE ON A FARM?
hours after death If Item 18 Give Pages I, Off ce along with farm Tand 2 with the frate De	North Main St. Ext. 3. NAME OF First Middle	North Main St. Ext.	YES NO 🔀
with with	DECEASED (Type or print) John Hutson	ÛF.	Doy Year
after death 8 Give Page along with f	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 19 AGE (n. veors EU	JNDER 1 YEAR IF UNDER 24 HRS
The safe	Male Negro WIDOWED DIVORCED	Cont 70 7901. lost b rthday) Mor	nths Doys Hours Min
heurs Item 18 Office o	Toa USJAL OCCUPATION (Give kina af work done during most of working life, even if retired) 10b K ND OF BUSINESS OR NDUSTRY		12 CITIZEN OF WHAT
24 h in Its rs 0 rs 10 ss 10 ifter	during most of working life, even if retired) NDUSTRY	Maryland	COUNTRY? USA
thin 24 h noil in It niners 0 pages 1c urs after	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME	ODA
ami e pe	Albert Hutson	Lillie Nichols	
FE FILE	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (Yes, no, or unknown) (If yes give wor ar dates af service)	INFORMANT Address	
xecuted nding" in Medical I permit. I	Yes WWT 217-07-2835	Walter Hutson Hurlock, M	r.a
e shauld be executed within 24 haurs of the ward "pending" in pencil in Item 18 ta the Ch'ef Medical Examiners Office of i burial-transit permit. File pages Tand2 w in any event within 72 haurs after death	18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))	·	NTERVAL BETWEEN
shauld be e ne ward 'per a the Ch'ef I burial-transit	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlus	sion	ONSET AND DEATH Instant
e Cla	4201 DUE TO		
any any share	Conditions, if any, which gove (b)		
at a drie	stoting the underlying cause (
rif cat ting rrded as a and	lost. (c)		
se execute the certificate should be executed within se execute the certificate, writing the ward 'pending'' in pencil ctor. Page 4 should be forwarded to the Ch'ef Medical Examine ted for your files. ECTOR: Page 3 should be used as a burial-transit permit. File page burial, cremation, ar removal, and in any event within 72 hours.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND-T ON GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
Th s trate be t	200 EXTERNAL (AUSE WAS 200 DESCR BE HOW INJURY OCCURRED CALLS OF DEATH	(Enter nature of injury in Part Lior Part Liof Item 18.)	YES NO X
MINER: This the certificate, a shauld be found be to stand the certification, ar remoration, ar remoration, ar remoration, ar remoration, ar remoration, and selections are selected to selected the certification and selected the certification are remorations.		terror in a 2 or injury in that it of the total for	
DICAL EXAMINER: se execute the certinestor. Page 4 shauld ined far yaur files. RECTOR: Page 3 shoul burial, crematian, as	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PI Hour o'm While Not While of	ACE OF NJURY (Home farm 20f (City or town) octory, street office bidg , etc.)	(County) (State)
XA Dage Page	p.m. 19 of work L. I of work L. I		
MEDICAL EXA please execute director. Page retained for you. DIRECTOR: Page ir ta burial, crem	21 I certify that I taak charge of the remains described above, h	ield an Autapsy 🔲, 🔝 Inspection 📑 🔝 Inquiry [, and in my apinion
Ed a correction of the correct	death resulted from. Natural causes 🔀 , Accident 🗌 , Su		er 🔙
ury Measiny, pleas in, pleas direction of the principle o	ACTUAL C	CHIEF MEDICAL EXAMINER	22 DATE SIGNED
Z P P P P P P P P P P P P P P P P P P P	SIGNATURE Chambrack	M.D ASS STANT MEDICAL EXAMINER D DEPUTY MED CAL EXAM NER 12/7/0	
DEPUTY MEDICAL EXAM stessary, please execute th e funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page ealth priar ta burial, crema	NAME (Type) John Mace Jr. M.D.	Address (Street city town, or county) Cambi	
TO DEPUTY necessary, if the funeral she funeral to Funeral to Funeral Health prior	230 BURIAL EXEMATION 236 DATE THEREOF 236 NAME OF CEMETERY OF	R CREMATORY Z3d LOCATION (City or Town	Lange - NO (State)
5 2 5 2			, , ,
VR ATSME ST	24 JONERA, DIRECTOR ADDRESS	Cometery Hurlock MDs	AR S SIGNATURE
6M 1767 N	Tuluck (Hawambridge, Md.	DADEC 8 1967 gella	wes Judge
VI.			- ''- '



n. 1	MARYLAND STATE DEPA		
FOR STATE	1 4 2 0 1 7		9.7
HEALTH-DEPT.	1 PLACE OF DEATH o COUNTY Dorchester MARYLAND		orchester
ny delay 2, and 3 PM3 Pos	b (TY OR TOWN (If outside carporate limits, write RURAL and give nearest fown) Cambridge	c CITY OR TOWN (If outs de corporate mis, write RURA, and give Cambridge	091
Pages 1, Pag	d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) Cambridge Maryland HospitalDOA 3 NAME OF First Middie	610 Chesapeake Court	e IS RESIDENCE ON A FARM? YES NO X
	DECEASED (Type or print) George Jac)	kson 4 DATE Month of Death December 8 DATE OF BIRTH 9 AGE (In years IF UNDER)	3, 1967 1 YEAR F UNDER 24 HRS
F	Male Negro WIDOWED DIVORCED DI	3/3/1932 lost beridoy) Months	Doys Hours Min
within 24 haurs of pencil in tem 18 xaminer's Office a le mages land 2 whours after death.	during most of working life, even if retired) Laborer Truck driver	Florida USA	UNTRY?
d within in penal Examine Examine File Tag	Willie E. Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	Rosalie Jackson Address	
se executed wif pending" in pe ef Medical Exan ≡sit pærmit. File nt within 72 ho	(Yes, no, or unknown) (If yes give wor or dotes of service) No 263-48-0442 Be	ernice Jackson Cambridge,	Md
be e 'per iief /	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) Hemorrhage DUE TO Conditions, if any, which gave rise to immediate cause (a), Due To DUE TO	est into lung.	INTERVAL BETWEEN ONSET AND DEATH
This certificate shauld tate, writing the ward be farwarded to the Ch be used as a burial-tremaval, and in any every	lost. (c)	THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES 12 NO
.= -5	PRIMARY X or CONTRIBUTING Was stabbed with	(Enter noture of injury in Port I or Port II of item 18) th knife by another person CE OF INJURY (Home form 20f (City or town) (Cou	n. (Stote)
L EXAMINER recute the cell for your files OR: Page 3 should cremation,	9:50PM 12/3/67 While of work While to Horn	rory street, office bidg, etc.) Cambridge, Doreld an Autapsy X, Inspection , Inquiry	
TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certifithe funeral directar. Page 4 shauld 5 may be refained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld mealth priar to burial, crematian, or	ACTUAL SIGNATURE John Mr. J.	tide [], Hamikide [], Undetermined manner [] CHIEF MEDICAL EXAM NER [] M D ASSISTANT MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER [] 12/5/67	22. DATE SIGNED
o DEPUTY necessary, the funera 5 may be 0 FUNERA	EXAMINER'S John Mace Jr. M.D. 230 BURIAL FEMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR	Address (Street city, town or county) Cambrid	
VR A15ME (5)	REM BURTAL 12/13/67 PAIMETTO 24 JUNERAL DIRECTOR ADDRESS CAMBRIDGE, M.	250 REC D BY REGISTRAR 256 REG STRAR'S SI	ATEE FIA
6M 1/67	Julivich () before CAMBRIDGE, F.	DO TOANECO 1301	A July .



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16918 CERTIFICATE OF DEATH ci deoth **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. ond uneral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY DRChester MARYLAND X c CITY OR TOWN (N-outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town 5 month Easton. Langer at a d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? State Has Shore pop YES □ NO and in onv event, within NAME OF Middle First 4. DATE Last Month Year Day DECEASED **OF** SSC ALL (Type or print) DEATH 19 (-SEX AGE (In years IF JNDER 1 YEAR IF JNDER 24 HR 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF SIRTH birthday) Months Days Hours Male WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind at work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ease ottending physician permit. Then please sre 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM buriol, cremation, or removol, 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown)/(if yes give war ar dates of service Shore State Hospital (medical Rear KOWN INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the buriof-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH MMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove ear P nse ta immediate cause (a), DUE TO stating the underlying couse 10 FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health prior to last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour 'o.m. factory, street, office bldg., etc.) Nat While at work at work 21. I certify that (I) (this hospital) attended the deceased from July saw the deceased glive an December 21 1961, and that death to Uccember 4 director, page 3 should should be filed with the and that death accurred at 3 4 AM, from causes and on the date stated above 22b. DATE SIGNED 220 SIGMATURE DIRECTOR M.D 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23g. BURIAL CREMATION. 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) REMOVAL (Specify) Family Cemetery Forrest. Jesse 24 FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, 256 TREGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16919 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. and funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY DORCHESTER MARYLAND b. CITY OR TOWN (If autside carporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURA, and give nearest tawn) CAMBRIDGE CAMBRIDGE - RURAL TATER d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? CAMBRIDGE MARYLAND HOSPITAL. INC. RFD # NO T YES NAME OF 4 DATE First Middle remaye carban Year DECEASED or removal, and in any event, (Type or pnnt) TELTA WILSON JOHNSON DEATH DECEMBER IF UNDER S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGF (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Hours FEMALE NEGROTO WIDOWED T DIVORCED JAN. 23. 1909 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 2. CITIZEN OF WHAT physician a ien please i during mast of working life of INDUSTRY **COUNTRY?** DORHESTER CO. . MD. TISA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME LEVI WILSON LOUISA THOMAS IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, ar unknawn) (If yes give war ar dates of service) 219-16-3926 ELISWORTH WILSON CAMBRIDGE. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL RETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH uremia IMMEDIATE CAUSE (a) **DUF TO** Arterioselaratic Cardinvascular Conditions, if any, which gave nse ta immediate couse (a), **DUE TO** stoting the underlying couse by the hospital ar attending disease ф SD WAS AUTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION State Dept. of Health .ellitus Diageto NO X YES [20c. ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (State) 20c TIME OF INJURY Month, Doy, Year (County) factory, street, office bldg, etc.) Hour am at wark 21. I certify that (1) (this haspital attended the deceased from 10V. 15. 19 07 to 730. Page 4 may be retained and that death accurred at_____ M. fram causes and an the date stated above saw the deceased 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DEC. M.D DIRECTOR director, page should be filed 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) SETTION. **CAMBRIDGE** DOR MD. FUNERAL DIRECTOR ... ADDRESS 25g REC'D BY REGISTRAF 1967 WWW CAMBRIDGE. MD. 25M 1/



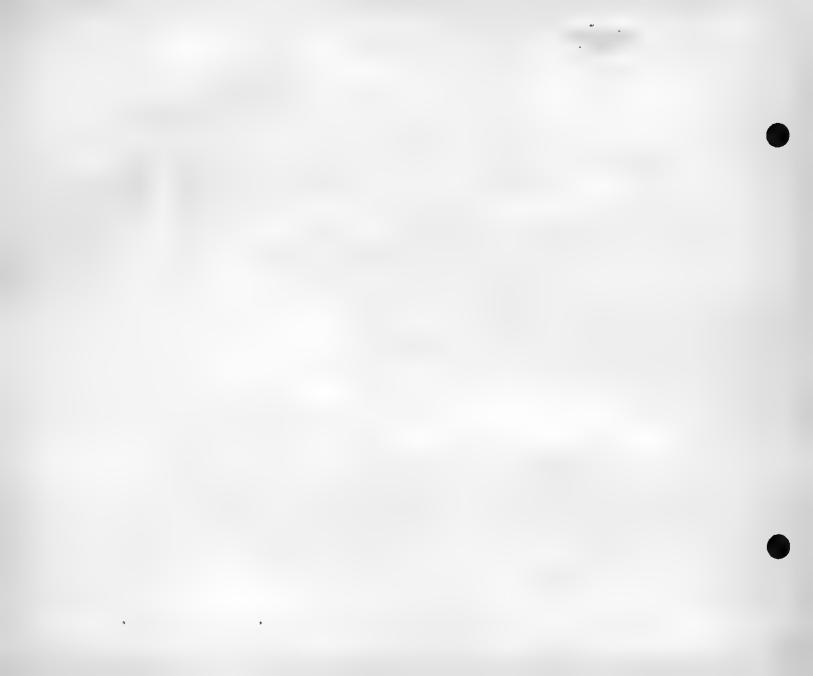
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16920 CERTIFICATE OF DEATH 13913 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) p. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If autoide corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 write RURAL and give negrest town) hours OR INSHITUTION (If no in haspital, give street address) IS RESIDENCE ON A FARM NO DZ YES requires that the death certificate be executed within NAME OF Day Year carbór DECEASED OF DEATH (Type or print) ONES and in ony event, IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED leose remove last birthday) Haurs 10-11-Negro WIDOWED DIVORCED and USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY attending physicion sermit. Then please Maryland 13. FATHER'S NAME cremation, or removal, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Eyes, ng. or Jinknawm (If yes give war ar dates af service 213-12-5670 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (6) 2311 DUF TO Conditions, if any, which gave (b) nse ta immediate cause (a), DUE TO stating the underlying cause as the prior to 1 last. 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO R 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II af item 18) 20a ACC DENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) factory, street, office bldg., etc.) Haur am. 21 | certify that (1) (this hospital) attended the deceased from 11-04 1967, to TO HOSPITAL OR ATTEND Page 4 may be retained 28 1967, and that death occurred at 8 25 AM, fram causes and an the date stated obave saw the deceased alive an FUNERAL DIRECTOR: 226 DATE SIGNED 22a. SIGNATURE 1. 2 director, page 3 should be filed v M.D DIRECTOR 22d ADDRESS 22c PHYSICIAN'S E.S.S.H NAME (Type) FELIPE 23d. LOCATION (City or Town) 230 BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Zien Polk Road . Maryland 2 24. FUNERAL DIRECTOR 25a REC'D BY REG STRAR VR A15 (4) 25M 1/67 LOATE A N



	,	MARYLAND STATE DEPARTMENT OF HEALTH	
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21:	201
FOR STATE		16921 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0914
HEALTH DERTY		PLACE OF GEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residen	ce before admission)
2 5 8 5 E		O COUNTY DORCHESTER MARYLAND O. STATE MD. 6 COUNTY DI	ORCHESTER
delay is and 3 to M3 Page M3 Page rithentol		b CITY OR TOWN (I autside carparate limits CERNGTH OF STAY IN 1b CCTY OR TOWN (If autside carparate limits, write RURAL and give	
any dela n PM3 P separtment		write RURAL and give negrest town) RURAL CAMBRIDGE 5 MO. CAMBRIDGE	0 /
E E		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS	e IS RESIDENCE ON A FARMA
		EASTERN SHORE STATE HOSPITAL BELVEDERE AVE.	YES NO 1
after death 8 Give Page along with f with the Stat within 72 ho		NAME OF First Middle Last 4. OATE Month OECEASEO DESCRIPTION OF DE	Ооу Үедг
er d		(Type of print) DC331C LANSOF NAMENS DEATH DECEMBER	
s after d 18 Give e alang v 2 with the	I .	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED 8 DATE OF BIRTH 9 AGE (In years lost birthday) lost birthday) Months FE MALE WHITE WIDOWED X D VORCEO 7/4/85 82 yrs.	Days Hours Min.
I haurs Item 18 Office of Jand 2 v	100	USUAL OCCUPATION (G ve kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CI	TIZEN OF WHAT
			JATRY?
within 24 pencil in 1 xaminer's (ile pages 1 nd in any	1	FATHER'S NAME	
y y pe		ISAAC LANSON SARAH BLOCH	
be executed "pending" in ief Medical Es mosti permit. Fi or remaval, ar	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address is, na, ar unknawn) [(If yes give wor ar dates af service) 1.67.01.77.02.0	
xecuted nding" ir Medical permit.		NO 167-01-7362A HOSPITAL RECORDS	
vauld be executed ward "pending" if the (hief Medical rial-transit permit.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY MMED ATE (AUSE (a) NTESTINA L OBSTRUCTION	ONSET AND DEATH
		MMED ATE CAUSE (a) THE STINA L OBSTRUCTION 1047 DUE TO	4 DAYS
world word the (the inial-tra		Canditions, if any, which gave) (b)	
ig the ward ed to the (h		rise to immediate couse (a), DUE TO	
firet ing ded ded as c		last (c)	
INER: This certificate shauld e certificate, writing the ward shauld be farwarded to the (1 files. 3 should be used as a burial-tr. or, priar to burial, cremation,	×	PART .I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
or fair or fai	CERTIFICATION	VERA CTURE NECK R. FEMUR	YES NO
# _ P P	RTIFI	200 EXTERNAL CAUSE WAS PRIMARY are CONTRIBUTING X CAUSE OF DEATH. 201 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 11 of Item 18) FELL IN HOSPITAL	
rent cert cert cert cert cert cert cert cer	CALC		mb.) (Cantal
= -	MEDIC	When Not While and factory, street, office bidg, etc.)	unty) (Stote)
Ute Ute Yall	_		DR. MD.
LECTAL EX sase executive rectar Pagy ained for y IRECTOR: Podesignated		21 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , deoth resulted fram. Natural causes XX Accident , Suicide , Hamicide Undetermined manner	and in my opinior
MEDICA please ex- director etained DIRECTO		deoth resulted fram: Natural causes (XX) Accident (, Suicide (, Hamicide (, Undetermined manner (]
please if director retained its design		SIGNATURE ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
ITY, ITY, erall be be be lor i		DEPUTY MEDICAL FXAMINER XX	L2/L8/67
TO DEPUTY MEDICAL EXAM necessary, please execute it the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age		NAME (Type) JOHN MACE JR. Address (Street, city, town, or county)	
nec The S m O Fi		BRITIAL (REMATION, 23b Date THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) BRITIAL (REMATION, 23b Date THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) BRITIAL (REMATION, 23b Date THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(Caurly) (State)
	_		
VR A15ME (5) 6M 1/66	24	HUBA ANTIER Bros., 3222 Forbasonst. Pittsburg 1960, REC BY REGISTRANS OF LUMBA ANTIER Bros., 3222 Forbasonstidge Md. Dail C 21 1967 250 REGISTRANS S	By Joedy?



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16922 3915 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest town) write RUBAL and give nearest town) B IS RESIDENCE OR INSTITUTION (If fat in haspital, give street address) ON A FARM Durial-tronsit permit. Theri please remove carban papel burial, cremation, or removol, and in ony event, within 72 YES NO F NAME OF physicion ond completely fert please remove carban Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) 19 61 5 SEX IF UNDER MARRIED NEVER MARRIED WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR , 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY-INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH PNEUMONIA IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse far use as the lifteelth priar to be WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a) PERFORMED? SYN DROME CHRONIC BRAIN NO [20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED 20f (City or town) (County) (State) Hour a.m. factory, street, office bidg., etc.) 21. I certify that (I) (this haspital) attended the deceased from DEC 2.3 , 19 67, ta DEC 24, 1967, that (1) (we) last Poge 4 moy be retained 24 19 6 7, and that death occurred at 10 35 AM, from causes and an the date stated obove. saw the deceased alive an DEC O FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS director, poge should be filed 22d ADDRESS M. KILLORAH M.D. 7415 BLAIR NAME (Type) SEAN 23c NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION 236 DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) New Cathearal Cem. 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16923 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1091 % HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission) a. STATE Maryland o. COUNTY Dorchester b. COUNTY Dorchester MARYLAND b CITY OR TOWN (if autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and a ve nearest town) write RURAL and give nearest tawn) Life Cambridge Cambridge pages land 2 with the State Depar e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (finat in haspital, give street address) d STREET ADDRESS e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forworded to the Chief Medical Examiner's Office along with form 210 Maryland Avenue DOA Cambridge Maryland Hospital YES NO X This certificate should be executed within 24 hours ofter death 3 NAME OF Middle 4. DATE Month Year Erst Last Day DECEASED MARY LANTZ OF LOUISE Dec. 28, 1967 DEATH (Type or print) F UNDER I YEAR IF UNDER 24 HRS 8 DATE OF BIRTH S SEX 6 COLOR OR RACE Y 9 AGE (In years 7 MARRIED NEVER MARRIED (pst birthday) Months Female White Nov. 19, 1909 in ony event within 72 hours ofter death. WIDOWED DIVORCED 11 BIRTHP_ACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working lites even if retired) INDUSTRY COUNTRY? Cambridge, Maryland USA Home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Oscar Moore Anna Etta Smith 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, na, or unknown) (If yes give war ar dates of service) Mr. Wm. M. Lantz, Cambridge, Maryland unk 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Coronary occlusion DUE TO Conditions, if any, which gave nse to immediate cause (a), DUE TO storing the underlying couse oug [c] QS be used PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY removal, PERFORMED? YES NO X the certificate, 20g EXTERNAL CAUSE WAS PRIMARY OF GONTRIBUTING OF 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) CAUSE OF DEATH (City or town) (Caunty) (State) 20c TIME OF NJLRY Manth, Day, Year 20d NJLRY OCCURRED 2De PLACE OF INJURY (Home, form Not While foctory, street, office bldg, etc.) at wark at wark 21. I certify that I took charge of the remons described above, held an Autapsy , Inspection 🔀 , Inquiry , and in my opinion Natural causes x, Accident , Su cide , death resulted fram: Homicide . Undetermined monner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE Health prior 12/29/67 FUNERAL DEPUTY MEDICAL EXAM NER 3 EXAMINER'S John Mace Jr. M.D. NAME Type Address (Street, cty, town, or county) Cambridge. Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BLRIAL TREMATION, 23b DATE THEREOF (Caunty) (State) 90 REMOVAL (Specify) Dec 31, 1967 Dorchester Memorial Fark Cambridge, Maryland 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A 15ME (SA 1968 LeCompte Funeral Service, Cambridge, Maryla nd DAMAN 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16924 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY o. STATE b. COUNTY DORCHESTER MARYLAND DORCHESTVER b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) 1 MONTH CAMBRIDGE d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled CAMBRIDGE MARYLAND HOSPITAL. WITHIN RIGBY AVENUE YES NO TY 3. NAME OF First Middle 4 DATE Month Year remave carban DECEASED in ony event, (Type of print) JOSEPH LEWIS DEATH ANTHONY DECEMBER S. SEX NEVER MARRIED 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH lost birthday) Months Doys Haurs WIDOWED DIVORCED JULY 31. 1967 MATE NEGROID and 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? attending physician termit. Then please pup NORFOLK VA.

14 MOTHER'S MAIDEN NAME NONE IISA 13. FATHER S NAME or remova BERNARD HAROLD MARY BISHOP 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) ((If yes give war ar dates of service) NONE MARY B. NOW TO CAMBRIDGE crematian. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c)) PART | DEATH WAS CAUSED BY. ONSET AND DEATH DIARRHEA IMMEDIATE CAUSE (a) Àq DUE TO **burial-t** buria!, MALNUTRITION Conditions, if ony, which gove rise to immediate cause (a), DUE TO for use as the b stating the underlying couse the hospital or attending this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame form, (City or town) (County) (Stote) Hour om. factory street, office bldg, etc.) Not While ot work at work Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram 1947, that (1) (we) last and that death accurred at 12 M, from causes and on the date stated above saw the deceased alive on 22o SIGNATURE 22b DATE SIGNED LA-NL 16 directar, page 3 shauld be filed v M.D. 22E PHYSICIAN S 22d ADDRESS FUNERAL 610 Race St., Cambrid e, Md. Alfred R. Maryanov, M. D. 21613 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) MD. 2 CAMBRIDGE 250. REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16925 CERTIFICATE OF DEATH 1 1918 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY OUEEN ANNE'S o COUNTY a. STATE DORCHESTER MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 16 c (ITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 2 MONTHS CHURCH HILL CAMBRIDGE RURAL d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street eddress) d. STREET ADDRESS e. S RESIDENCE ON A FARM? paper Titl 72 EASTERN SHORE STATE HOSPITA L NO XX YES OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle First 4. DATE Mansh Lost Day Year DECEASED camplete 19 67 S (Type or print) BRADFORD LUCAS DEATH DECEMBER remave car burial, tremation, or removal, and in any event, IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9 AGE (n years 6. COLOR OR RACE 7 MARRIED XIXI **NEVER MARRIED** 82 birthday Doys Haurs WIDOWED DIVORCEO 08-06-85 MALE WHITE and 10o LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? attending physician o sermit. Then please during most of working life, even if retired) INDUSTRY MARYLAND RETIRED FA RMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNITY MOORE JOHN LUCAS 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war ar dates af service EASTERN SHORE STATE HOSPITA 219-36-1582A RECORDS OF THE NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN and (c). signed by the burial-trans t ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN**: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO HRTERIOSCLEROSIS-Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying couse with the State Dept. af Health prior ta has been last. (c) WAS AUTOPSY PERFORMED? PART MOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) certificate 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fawn) (County) (Stote) factory, street, affice bldg., etc.) Haur 'a.m. **Nat While** at work 21. I certify that (44) (this haspital) attended the deceased fram 19.6.7, that (I) (*) last and that death accurred at 750 TO FUNERAL DIRECTOR: saw the deceased alive and 196 12.M, fram causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNED M D DIRECTOR PHYS PHYS. page 3 e filed 22d ADDRESS 22c. PHYSICIAN'S director, po shauld be f NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL CREMATION 23b. DATE THEREOF (County (Stote) REMOVAL (Specify) RCH 2Sa. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURES 24 FUNERAL DIRECTOR

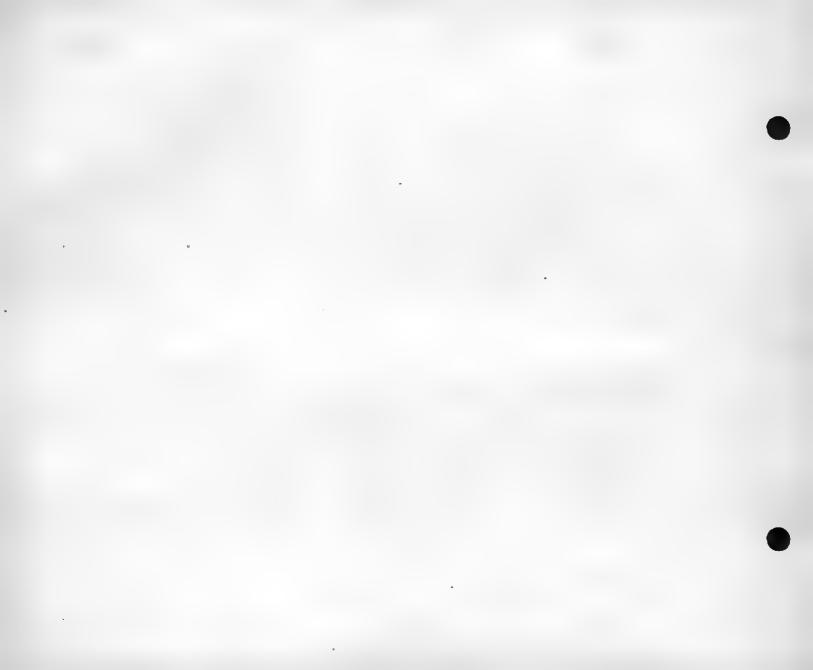


_ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
: (2)	16926	CERTIFICATE OF DEATH	40919	
funeral 1 ond 1 ond 1	Develester	MARYLAND 2 USUAL RESIDENCE (a. STATE	(Where deceosed lived, f institution Residence before admission)	
haurs after death	b CITY OR TOWN (If outside carparote l'mits, write RURAL and give nogrest town)) 3 wks. Churca	utyde corporate limits, write RURAL and give nearest fown)	
7 Bed 72	d NAME OF HOSPITAL OR INSTITUTION, (If not in hospital Eastern Shore S	late Hisp	ON A FARM? YES \(\text{\tinit}\x}\\\ \text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\texi}\text{\texi{\texi{\text{\texi}\tex{\text{\texi{\text{\texi{\texi{\texi{\texi{\texi}\tint{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\texi{\texi{\t	
xecuted within campletely f II. oave carbah ping event, withut	3. NAME OF DECEASED (Type ar pnnt) 5 SEX 6. COLOR OR RACE 7. MARRIE	Middle Lost Mace Lycus DM Never Married T3 8 DATE OF BIRTH.	4 DATE Manth Doy Year OF DEATH 2 19 6 7	
low requires that the death certificate be executed nating physician. Been signed by the attending physic an and camples the burial-transit permit. Then please remave carior ta burial, crematian, ar remaval, and in any event	W WIDOWE	ED DIVORCED 5/2.3/18	8 lost birthday) Months Doys Hours Min	
ertificate be exer physic an and co ien please rema aval, and in any	during most of working life, even if retired) 13. FATHER'S NAME	INDUSTRY 11. BIRTHPLACE (COUNTY) 14. MOTHER'S MAJOEN	land Country?	
th certific ling phys . Then p	Joshua S. Cha.	oce Sava	Catherine Melvin	
he death ce s attending permit. Th	(Yes, na, ar unknawn) (If yes give wor ar dates of service)	16 SOCIAL SECURITY NO 17 INFORMANT RECORDS - 1	Eastern Shire State H	
that the d an. by the att transit per	18 CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	far (a), (b) ond (c)) URENIA	IMERVA. BETWEEN ONSET AND DEATH	
physician. physician. signed by the burial-transit burial, cremat	(and tions, if any, which gave is to immediate couse (a),	SEPTICEMIA	1 DAY	
the faw recateding places been size as the prior table	sloting the underlying couse lost.	INFECTED DECUBIT		
- <u>- 2 ± </u>	GENERALIZED	G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO ARTERIOSCLEROSIS	PERFORMED? YES NO	
5 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in		
ING PHYSIC by the haspi ffer this cert be detached state Dept. a	Hour Wi	t INJURY OCCURRED Table Not While of work and factory, street, office bldg, etc.		
	saw the deceased alive on DEC	ended the deceased from DEC 1, 2 19 6 7 and that death accurred at	19 67, to DEC 2, 19 67 that (1) (we) last 655 AM, fram causes and an the date stated above	
S S	220 SIGNATURE Kan m Xillora	M.D ATTENDING PHYS	MED DIRECTOR DISTAFF DEC 2,1967	
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page 3	227 PHYSICIAN S NAME (Type) SEAN M		AMBRIDGE MD.	
TO HOSPITA Page 4 may TO FUNERAL director, po	230. BJRIAL, CREMATION, REMOVAL ISPECTIVE DEC. 4	23c MAME OF CEMETERY OR CREMATORY Church Hiel	Church Hiel md.	
VR A15 (4) 25M 1/67	24 FUNERAL DIRECTOR Lane Char	12. 11+111. M1	DEC 5 1967 Jacobs Signmure	



\ \	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATE		1632 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH		
HEALTH DEPT!		PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a, STATE b, COUNTY		
delay is and 3 to M3. Page	L	Dorchester	Maryland Dorchester		
delo B. B. B		b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)		
Li 2, and de Depart m	ļ	write RURAL and give negrest town) RD X #1 Cambridge 55 years	RD #1 Cambridge Md.		
offer death If a 8. Give Pages 1, olong with form, with the Stote Def		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d STREET ADDRESS e \$ RESIDENCE ON A FARM? YES X NO		
Pag Pag vith	3.	NAME OF First Middle DECEASED	Last 4 DATE Month Day Year		
er d iive ng v	S	(Type or print) Milton M.	Malkus December 19 19 67		
thin 24 hours offer death Incl in Item 18. Give Pages niner's Office along with for pages I and 2 with the State urs after death.	2	7	70 /6 /7 901. Jost birthday) Manths Days Haurs Min		
m I fice nd2	100	Male White WIDOWED DIVORCED US_ALOCCUPATION (Give kind of work dane I DD KIND OF BUSINESS OR	11 BIRTHP.ACE (State or foreign country) 12 CITIZEN OF WHAT		
4 hours of		ng mast af warking life, even if retired) INDUSTRY	Baltimore Md. COUNTRY? U.S.		
cliir cliir ineri	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME		
d within 24 hours in pencl in Item 18 Exominer's Office of File pages I and 2 w		Philip C. Malkus	Kunigunda Foeller		
led of the state o	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknown) (If yes give war ar dates at service).	INFORMANT Address		
executed inding" it Medical permit.	Ĺ	No M:	rs. Milton Malkus RD L Cambridge Md.		
be executed within "pending" in pencl of Medical Exomine nist permit. File page ent within 72 hours o		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	usion INTERVAL BETWEEN ONSET, AND DEATH INSTEAD L		
should be a the Word "per a the Ch'ef bur.ol-transit ony event		4-20 / IMMEDIATE CAUSE (a) Coronary occl	usion instant		
shoul wor the uriol- ony		Canditians, if any, which gave) (b)	#		
te s the d ta d bu		rise to immediate cause (a), stating the underlying cause DUE TO			
certif cate should writing the word invarded ta the Cl ssed as a buriol-tri vol, ond in ony ev		(c)			
This certificate should be executed within 24 hours ofter death. If itiate, writing the word "pending" in penci in Item 18. Give Pages 1, be forwarded to the Chief Medical Exominer's Office along with form 3 be used as a burial-transit permit. File pages I and 2 with the State De removal, and in any event within 72 hours after death.	CATION	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES \(\text{NO} \text{NO} \text{Y}		
# p = = =	CERTIF (20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED PRIMARY □ or CONTRIBUTING □) (Enter nature of injury in Port I or Port II of item 18.)		
NER: T certific hould b lles. should on, or r		CAUSE OF DEATH.	Mer of HUMBY (1)		
MIN the 4 sh ur fil notio	MEDICAL		LACE OF INJURY (Hame form 20f (City or lawn) (Caunty) (State) actory, street, affice bldg., etc.)		
EPUTY MEDICAL EXA ssory, please execute funeral director. Page ay be retained for you NERAL DIRECTOR: Pag th prior to buriol, cren		21. I certify that I taak charge of the remains described above, t			
MEDICAL E lease exect director. Pa stoined for DIRECTOR: to buriol, o		death resulted from Natural causes 🔀 , Accident 🔲 , Su	ucide , Hamic de , Undetermined manner		
MEDTC. pleose e I director retoined DIRECT or to burn		ACTUAL SIGNATURE John Marce S.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED		
JTY JTY, F Project of the period		EVA MINIED	DEDUTY MEDICAL CYAMINED		
		NAME (Type) John "ace Jr.	Address (Street, city town or founty) 12/20/67		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BUR SURFEMATION, 236 DATE IMEREOF 236 NAME OF CEMETERY O			
	7/	FUNCTION 12/22/67 Old Trini FUNCTION ADDRESS	ty Churchyard Church Creek Md.		
VR A15ME (5)	,	Kenett Rillong for Cambridge Mo	00007 1967		
3%	<u></u>	The state of			

MARYLAND STATE DEPARTMENT OF HEALTH



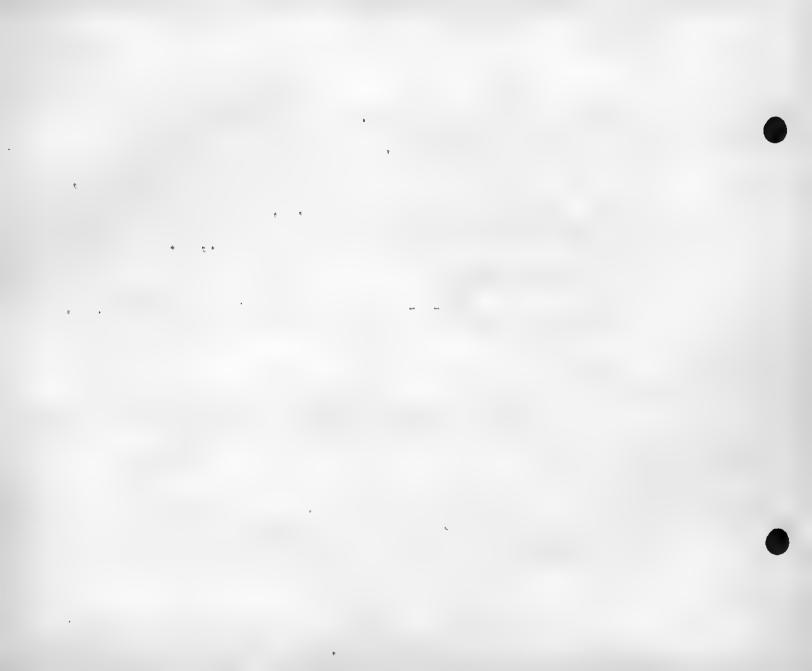
		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		16928 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	92.
HEALTH DEPT.		PLACE OF DEATH o COUNTY Dorchester 2 USUAL RESIDENCE (Where deceased lived if institution Residence o STATE Maryland b COUNTY Dor	before odmission)
cry delay 2, and 3 2, and 3 Pog		b CTY OR TOWN (f auts de carparate l'mits, c.ENGTH OF STAY IN 1b c CITY OR TOWN (if auts de carparate im its write RURAL and give cambridge 27 Years Cambridge	nearest tawn)
- 12 11 02		d NAME OF HOSPITAL OR NSTITUTION (it not in hosp tol. give street address) On arrival Cambridge-Maryland Hosp. 1304 Hambrooks Blvd.	e S RESIDENCE ON A FARM? YES NO
thours ofter death I tem 18 Give Poges Office along with far land 2 with the State er death.	L	NAME OF First Middle Lost 4 DATE Month DECEASED (Type or print) Thomas Beckman Matthews 0 DEATH Dec. 26, 1967	
urs ofte n 18 Gi ce alon 12 with	M	Male White Widowed Divorced Aug. 27, 1984 63 vis	Days Hours Min
24 hours n Item 18 r's Office es land 2 v	dur	mg mast of working le even if retired) ret. Amusement machine operator Georgetown, S. Sarolina	ZEN OF WHAT
J within 24 n pencil n Examiner's F le pages 2 hours offe		FATHER'S NAME Eli Franklin Matthews Ida Ham	
be executed within "pending" in pencil lief Medical Examine insit perm't. Fle pagi ent within 72 hours o		WAS DECEASED EVER IN 1.5 ARMED FORCES? as, no, ar unknown) (If yes give war ar dates af service) 241-10-7056 Mrs. Thomas B. Matthews, Cambr	ridge,Md.
retrificate, writing the word "pending" in pencil in Item 18 Give Pages 1, ould be forwarded to the Chief Medical Examiner's Office along with farm, es. should be used as a buriol-transit perm? It is pages I and 2 with the State bein, or removal, and in any event within 72 hours offer death.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. 4 2 0 1 IMMEDIATE CAUSE (a) Coronary occlusion DUE TO	interval between
This certificate should cate, writing the word be forwarded to the Ch le used as a buriol-tre removal, and in any ev		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO (c)	
this certificate, writing to forward be used a emovol, and	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
EXAMINER: This cert ute the certificate, wri age 4 should be forwayour fles. Page 3 should be used cremotion, or removal,	MEDICAL CERTIFICATION	20a EXTERNA. CAUSE WAS PRIMARY ID OF CONTRIBUTING I CAUSE OF DEATH 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18)	
8 8 F E S	WEDIC/	20c I.ME OF INJURY Month, Day, Year Hour a.m. p m. 19 20d NJURY OCCURRED While of work of wor	
MEDICAL EXAMPLEASE EXAMPLEASE EXECUTE 15 a rector Poge 4 a rector Poge 4 pour pour bIRECTOR: Poge to bur ol, cremo		21 certify that taok charge of the remains described above held an Autopsy, Inspection, nquiry, aeath resulted from	and in my apinian
DEPUTY MEDICAL I		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 12/28/6	22. DATE SIGNED
DEPUTY I	22.	NAME (Type) JOHN Mace Jr. M.D. Address (Street city town, or county) Cembrid	ge, 7d. County) (State)
The same of the sa		Park, Cambridge,	,Md.
VR A15ME (1977)	I		CAN YEAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13920 funeral and 2 24 hours after death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If (nstitution: Residence before admission) a. COUNTY Dorchester b. COUNTY Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Life Rural-Cambridge Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Linkwood RFD Linkwood RFD ve carbon pap event, within YES X NO _ The law requires that the death certificate be executed within NAME OF First Middle Last 4. DATE Month Oav Year DECEASEO OF OEATH NETTTE MAY VIRGINIA 19 67 (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH in any eve AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO Y NEVER MARRIEO last birthday) Female 1895 White Months Days Hours WIDOWEO [DIVORCEO attending physician a ermit. Then please re m, or removal, and in 10a, USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INOUSTRY Dorchester Co. Maryland USA Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James C. Mears Martina LeCompte 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. ermit. (Yes, no, or unkown) ((If yes give war or dates of service) Mr. Percy May, RFD, Linkwood, Maryland No has been signed by the at as the burial-transit pern prior to burial, cremation, 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and fc)." INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: NG PHYSICIAN: The law requires that to by the hospital or attending physician. 6152/2 IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) gave rise to Immediate **DUE TO** cause (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. ealth PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURREO, (Enter nature of Injury In Part I or Part II of Item 18.) etached f Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Oay, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m Not While at work at work O HOSPITAL OR ATTENDII
Page 4 may be retained 21. I certify that (i) (this hospital) attended the deceased from director, page 3 should should be filed with the saw the deceased alive on Doc 19 6 , and that death occurred M, from the causes and on the date stated above. eza. SIGNATURE OATE SIGNED ATTENOING M.D. PHYS OIRECTOR PHYS 22c. PHYSICIAN'S 224. AODRESS NAME (Type) 23d. LOCATION (Lity, town or county) BURIAL, CREMATION, REMOVAL (Specify) (State) Cambridge, Dorchester Memorial Park Maryland Burial **FUNERAL DIRECTOR** REGISTRAR 25b. REGISTRAR'S SIGNATURE Funeral Service, Cambridge, Maryland VR #15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16930 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY DORCHESTER MARYLAND DORCHESTER b CITY OR TOWN (If outside carparate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) 20 YRS. CAMBRIDGE CAMBRIDGE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC falled in ON A FARM? CAMBRIDGE MARYLAND HOSPITAL, INC. 614 CROSS STREET NO 🛖 YES 3 NAME OF First 4 DATE Lost remove corbon Ddy Year DECEASED (Type or pant) DITA DECEMBER MITTERS burial, cremation, or removal, and in ony event, DEATH 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (in years last birthday) Months Days Hours OCT. 4, 1901 NEGROTD BIDIVIATAD WIDOWED I DIVORCED 1Da USUA, OCCUPATION (G ve kind of work dane 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working are, even if retired) COUNTRY? INDUSTRY DORCHESTER CO. . MD. USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ALEX CORNISH SUSAN **JENKINS** 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor at dates at ervice 212-22-1282 LORRAINE ROUZER CAMBRIDGE. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY-ONSET AND DEATH Obstruc . ion IMMEDIATE CAUSE (a) Adenoenreinna ni ovary Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg, etc.) Not While at work 19 0 / to DCC . 0 , 19 0 (that (I) (we) last 2) I certify that (1) (this hospital) attended the deleased from HOV . 10, Page 4 may be retained director, page 3 should should be filed with the O FUNERAL DIRECTOR: and that death accurred at _____M, from causes and on the date stated above. saw the deceased al 22g SIGNATURE 22b. DATE SIGNED MED. DIRECTOR Dec. M.D PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) J HIGH ST: 3T 623 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (State) (County) MD. DOR. CAMBRIDGE 12/10/67 24 EMMERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR VR A15 (4) CAMBRIDGE, MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission) a. COUNTY Dorchester Maryland b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town)
Rural-Gambridge c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b years Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Bucktown Road, RFD Bucktown Road, RFD #2 No Ec The law requires that the death certificate be executed within NAME OF Middle Last DATE Month DECEASED event, 1 19 67 MOORE ANNA MAE MOONEY Dec. (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 7. MARRIED Y NEVER MARRIEO last birthday) | Months | May 17, 1895 Days Female Whi te WIDOWED OIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done) physician n please r val, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Dorchester Co., Maryland Sewing Factory Machine Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James E. Mooney Estelle Hammond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ы (Yes, no, or unknown) I (If yes give war or dates of service) Mr. Orville Moore, RFD 2, Cambridge, Md. cremation, unk CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, burial, BUE TO Conditions, If any, which (b) gave rise to immediate 를 음 은 DUE TO cause (a), stating the underlying cause last. CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO L YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from (aM, from the causes and on the date stated above. saw the deceased alive on and that death occurred at-22a. SIGNATURE page M.O. PHYS. **OIR ECTOR** HOSPITAL 22ci PHYSICIAN'S 22d. ADDRESS g. NAME (Type) director, pino4s (State) BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL_(Specify) 2 Dorchester Memorial Park Cambridge, Maryland Burial 24. FUNERAL DIRECTOR AOORESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE C-CONTENT LeCompte Funeral Service, Cambridge, Maryland VR #15 (4) 20M 1/65



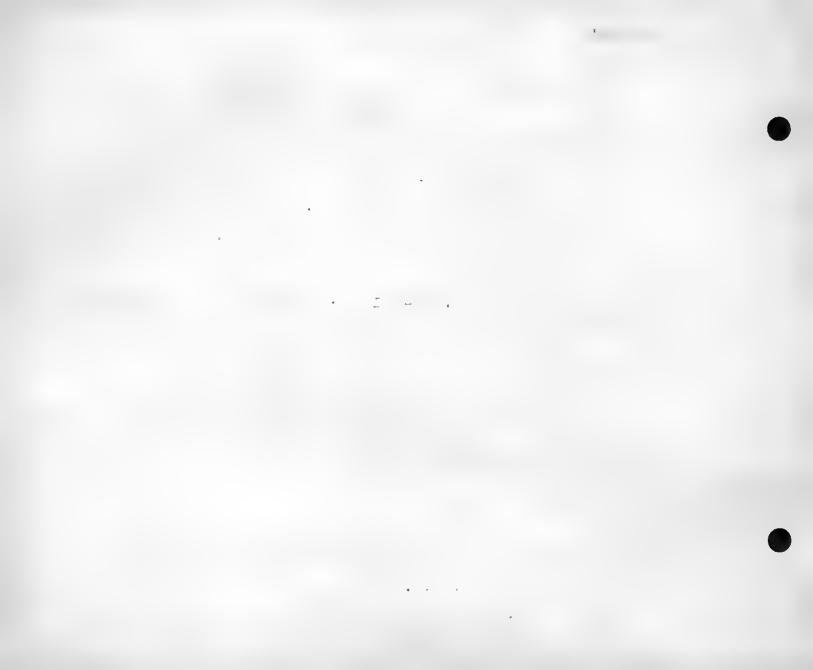
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16932 CERTIFICATE OF DEATH 10326 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY DORCHESTER a. STATE **b.** COUNTY MARYAND WICOMICO MARYLAND b CITY OR TOWN (If outside carporale limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ely filled in by/ ban papers. a within 72 hauns SALISBURY 7 WEEKS RURAL CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? EASTE N SHORE STATE HOSPITAL OGLE AVE. ROUTE 1 NO X YES 3 NAME OF First Middle 4. DATE Last Manth Year DECEASED MOORE ET LA MAR THA DEC. 19 19 67 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** lost birthday) Haurs In any 11/2/83 FEMALE WHITE WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast of working life, even if retired) —Retired Operator COUNTRY? | | S . physician c INDUSTRY Mo. Shirt Factory 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remova DAVID FARLOW MARY MILBOURNE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Elsie M. Parsons (Daughter) 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service 5 214-10-6513A Ogle Ave., Rt. 1, Salisbur INTERVAL BETWEENIG 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY burial-transit **ONSET AND DEATH** IMMEDIATE CAUSE (a) 5371 DUE TO Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying couse as the be retained by the haspital ar attending this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS! PERFORMED? Health ! NO X 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour am factory, street, affice bldg , etc.) Not While of wark 21. I certify that (1) (this hospital) attended the deceased from 19.67, that (I) (we) lost 19 67 , to and that death accurred at 11:25M, from causes and on the date stated above saw the deceased alive an 12/19 1967 22a SIGNATURE 22b DATE SIGNED STAFF 12/19/67 director, page 3 should be filed v DIRECTOR M.D. PHYS. 22c. PHYSICIAN S Page 4 may TO FUNERAL NAME (Type) Eastern Shore State Hospital, Cambridge, 23o BUR AL CREMATION. 236 OATE THEREOF 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Dec. 21,1967 Parsons Cemetery Buria Salisbury, Maryland 25g REC'D BY REGISTRAR 25b. REGISTRARS SIGNAT 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16533 10921 CERTIFICATE OF DEATH eath pub. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Dorchester Maryland b COUNTY Dorchester MARYLAND papers. Pages 1 hin 72 hours after after the b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Cambridge vears d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ig L law requires that the death certificate be executed within 24 hou e IS RESIDENCE ON A FARM? d. STREET ADDRESS nit. Then please remave carban paper ar removal, and in any event, within 72 completely filled Cambridge-Md. Hospital Willis St. 310 YES NO X NAME OF Middle 4. DATE Year DECEASED Pearl LaRue Newell (Type or print) DEATH December 19 67 S SEX DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED X **NEVER MARRIED** Jost birthday) Months Hours Whi te WIDOWED | DIVORCED Jan 1920 Female physician and a 106 KIND OF BUSINESS OR 10g USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY Mt.Airey, Md. homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy permit. Then William Hargett Sadie Wheeler 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) Mr. Homer Newell 310 Willis St. Camb No crematian, 18 CAUSE OF DEATH (Enter only one couse per line to; (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-trans't ONSET AND DEATH IMMEDIATE CAUSE (o) physician. 4201 DUE TO burial, 1 Conditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse as the l by the haspital or attending certificate has been (c) 9 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) Health NO X ğ 20g ACCIDENT WAS JNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Items 18.) letached f Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJJRY (Hame, farm, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this TIME OF INJURY Manth, Day, Your MED factory, street, office bldg., etc.) Hour 'o.m Nat While ATTENDING of work 📖 of work 2). I certify that (1) (this haspital) attended the deceased fram /- 2-0 1967. ta Page 4 may be retained director, page 3 should should should be filed with the 19 67, and that death accurred at 1214M, from causes and an the date stated above. saw the deceased give on 12 - 26 22g SIGNATURE 22b DATE SIGNED MED DIRECTOR STAFF PHYS PHYSICIAN NAME (Type) 23b DATE THERFOR 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) Burial (Spacify) 1968 Cambridge Md. Dorchester Lawn Cemetery REC'D BY REGISTRAR 256 REGISTRAR S SIGNATUR 24 FUNERAL DIRECTOR VR A15 (4)



1	•	PARTMENT OF HEALTH TON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	4 27.21.	S CERTIFICATE OF DEATH	10928
HEALTH DEPT.	PLACE OF DEATH o COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceosed fived, if institution: R o STATE Maryland b. COUNTY)	Residence before odmission) Dorchester
y delay is y delay is Phys Page	b CITY OR TOWN (If autside corporate limits, write RURAL and a ve neorest town) Cambridge 50 years	c. CITY OR TOWN (If outside corporate limits, write RURAL of Cambridge	
57.4 F 00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) DOA Cambridge Maryland Hospital	d. STREET ADDRESS Cemetery Avenue	# 15 RESIDENCE ON A FARM? YES NO X
	3 NAME OF First Middle OECEASED (Type or pnnt) WILLIAM A. PAR		Doy Year 1967
xecuted within 24 hours after de ading" in pencil in Item 18. Give P Med.col Exominer's Office along wi permit. File pages Lond 2 with the within 72 hours ofter death.	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED XX Male White WIDOWED DIVORCED	Aug. 27, 1897	UNDER 1 YEAR F UNDER 24 HRS Inths Doys Hours Min
24 hou in Item 's Offic is I and ifter de	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman 10b KIND OF BUSINESS OR INDUSTRY Seafood	Dorchester Co., Maryland	12. CITIZEN OF WHAT COUNTRY? USA
within pencil i cominer le page hours o	Jacob T. Parks	Maggie McCoy	
cuted ving" in d.col Extremit. Fi		ir. Ralph Parks, Cambridge, M	aryland
This certificate shauld be executed within 24 hours after death liticate, writing the word "pending" in pencil in Item 18. Give Pages be forwarded to the Chief Med.col Examiner's Office along with faggle be used as a burial-transit permit. File pages I and 2 with the State Bremovol, and in any event within 72 hours ofter death.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 DEATH WAS C	rt failure	INTERVAL BETWEEN ONSET AND DEATH Instant
Kate shaing the wing the wided to the ded to the as a buria	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.		
This certificate, writing the forwork is the used removal, or	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERM HAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO X
<u> </u>	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year While Not While Cause Of Death 20c Time OF INJURY Month, Doy, Year While Not While Cause Of Death	D (Enter nature of injury in Port I or Port II of Item 18)	
MEDICAL EXAMINER: lease execute the certifi director. Page 4 should etained for your files. DIRECTOR: Page 3 should to burial, cremation, or	20c TIME OF INJURY Month, Doy, Year Hour a.m. 19 While otwork Otwork 19 otwork	PLACE OF INJURY (Home, form, octory, street, office bldg , etc.)	(County) (State)
MEDICAL EXAM lease execute the director. Page 4 etained for your DIRECTOR: Page 10 burial, crema	21. I certify that I took charge of the remains described above, death resulted from. Natural causes 🗶 , Accident 📋 St	held an Autapsy 🔲, Inspection 🏗, Inquiry vicide 🔲, Homicide 🔲, Undetermined mann	
sssoy, please ex funeral director. oy be retained functor in prior to burion the prior to burious th	ACTUAL SIGNATURE Jahn Moch	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 12/7/0	67 22. DATE SIGNED
necessory, please execute the funeral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to burial, cremar	EXAMINER'S John Mace Jr. M.D.	DEPUTY MFDICAL EXAMINER Address (Street, city, town, or county) ambr	
TO TO Head	230 BURIAL (REMATION, BREMOVA (Specify) Dec 8, 1967 Greenlawn C	lemetery Cambridge, M	(County) (State) Iaryland RAR S SIGNATURE
VR ATSME IN	24 FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Ma	ryland 250 REC'D BY REGISTRAR 256 REGISTI	limited Judges



1	MARYLAND STATE DEPARTMENT OF HEALTH				
	16935 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATE		29			
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Dorchester AMARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence of STATE Del. b. COUNTY	Sussex			
2, and 3 to PM3. Page	b. CITY OR TOWN (If outside corporate limits, write RURAL and give Nr. Campridge 1 Min. Laurel	nearest tawn)			
th If any delay is ges 1, 2, and 3 to a farm PM3. Page	d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) Choptank River bridge Rt. 50 d STREET ADDRESS r3 nr Portsville	e IS RESIDENCE ON A FARM? YES NO 🔏			
MNNER: This certificate shauld be executed within 24 haurs after death 1f at the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, at should be farwarded to the Chief Medical Examiner's Office along with farm in files. 8. 3 should be used as a burial-transit permit. File pages land 2 with the State Department or remayal, and in any event within 72 hours after death.	3 NAME OF First Middle Lost 4 DATE Month OF DECEASED (Type or print) Carlton E. Phippin DEATH December	Day Year 22 19 67			
18. Gi	Male White WIDOWED DIVORCED 9/7/24 43 vii	Doys Hours Min			
shauld be executed within 24 haurs on ward pending" in pentil in Item 18 in the Chef Medical Examiner's Office a burial-transit permit. File pages Land 2 within 72 hours after death.	during most of working the even (retired) Painter home & industry Delaware (OU	ZEN OF WHAT INTRY? USA			
hin ncil niner page urs a	13. FATHER'S NAME				
with with her control bear faller. I how	J. Roger Phippin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address				
ng". redical retrict	(Yes, no, or unknown) (Il yes give wor or dofes of serv ce) Dorchester County Sheriff, Cambri	dge,Md.			
d be exided the condition of the conditi	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries, severe	INTERVAL BETWEEN ONSET AND DEATH THIS CAINT			
thauld ward the C urial-tr any ev	Conditions, if ony, which gove) (b)				
ficate s fing the rded ta as a bu	rise to immediate couse (a), Stating the underlying cause lost.				
This certificate, writing the farwar. Be used temaval, to	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO K			
INER: Thise certificates should be files. 3 should be tran, or rer	200 EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) Pas benger in auto which hit bridge and plunged i 20c TIME OF NJURY Month, Doy Yeor	into river.			
EXAMINER: cute the certifi age 4 should r your files. Page 3 should cremation, ar	20c TIME OF NJURY Month, Doy Yeor 20d INJURY OCCJRED 20e P.ACE OF IN.JRY (Home lorm, factory street off ce bldg, etc.) 12.024Mn. 12-22- 19 67 of work of twork Bridge Dox				
L EXA ecute Page ar yau R: Pagi	21. I certify that I taak charge of the remains described above, he d on Autopsy, Inspection, Inqu'ry,	and in my apinian			
MEDICAL EXA please execute director. Page ertained far you DIRECTOR: Page in to burial, crem	death resulted fram: Natural couses , Accident , Suicide , Hamicide , Undetermined manner .				
Mean plea:	ACTUAL SIGNATURE ASS STANT MED CAL EXAM NER ASS STANT MED CAL EXAM NER	22. DATE SIGNED			
TO DEPUTY MEDICAL EXAM necessary, please execute th the funeral directar. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health priar to burial, cremar	NAME (Tue) John Mace Jr. DEPUTY MED CAL EXAMINER XX Address (Street, city, town, ar county)	12/22/57			
O D D D D D D D D D D D D D D D D D D D		County) (State)			
	Burial 12/26/67 Portsville Cemetery near aurell 24 FUNERAL PRECTOR DATE L'AUREL DE 27 1967 256 REGISTRARS SAC	Del.			
VR A15ME (5) 6M 1/67	The Sistant Laurel, Del. DATPEC 27 1961 frances	1			

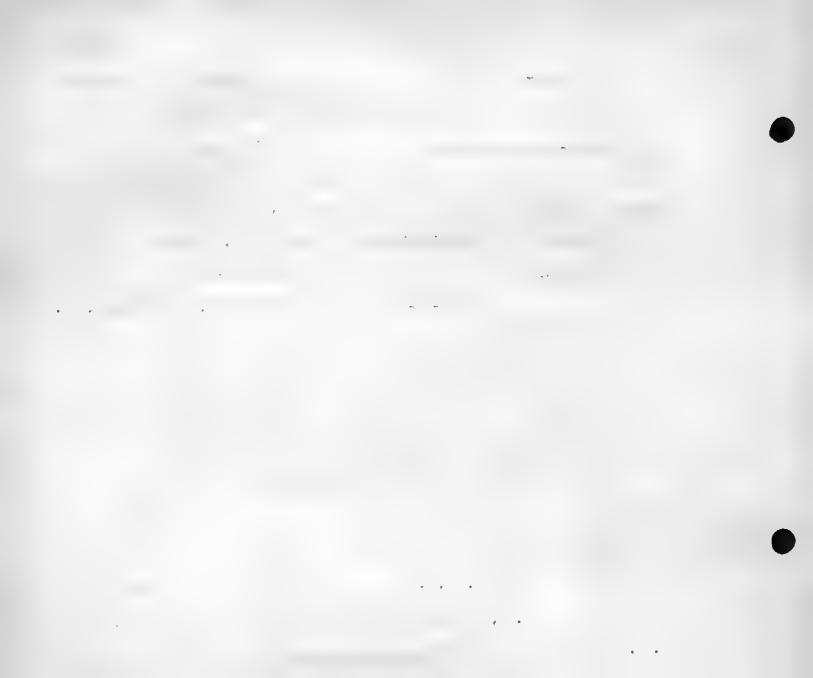




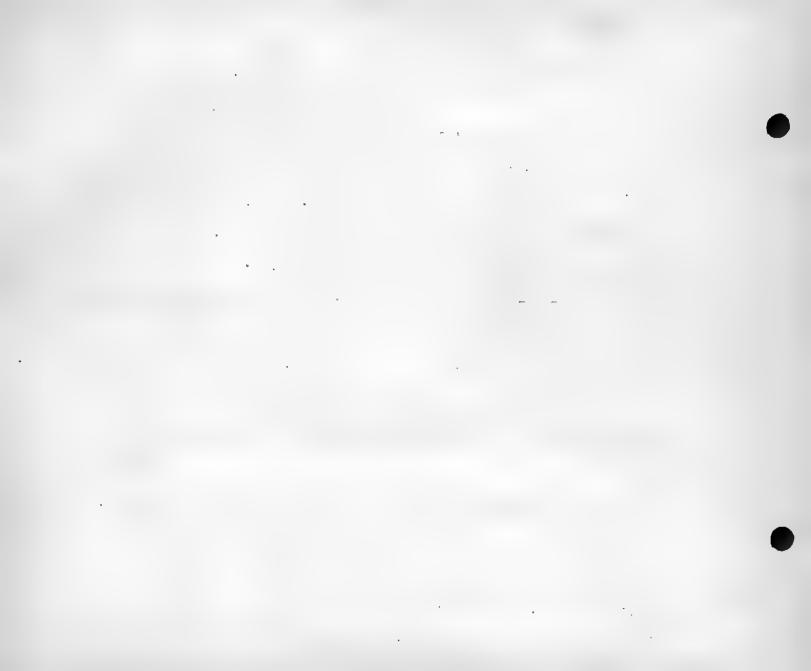
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16037 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND c CHY OR TOWN II outs de corporate amits write RURAL and give nearest town) the CITY OR TOWN c LENGTH OF STAY IN 16 (If outside corporate imits write RURAL and give newfest tawa d STREET ADDRESS IS RES DENCE not in hospital, give street georess ON A FARM YES NO DO WITH NAME OF 4 DATE Month Lost Year DECEASED and in any event, 196 Carl (Type or pnnt) DEATH IF UNDER I YEAR 6. COLOR OR AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remove lost birthday) Months Hours WIDOWED DIVORCED and 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY 13. FATHER SMAMI MOTHER'S MAIDEN MAME cremation, ar remayal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INEQUMANT (Yes, no, grunknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN the signed by the burial-transit PART I DEATH WAS CAUSED BY: ARREST IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if any, which gove) PNEUMONIA WK. rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar ta has been 2+WK 10 OBSTRUCTION OF COMMON BILE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE COND T ON GIVEN IN PART 1(o) WAS ALTOPSY PERFORMED? DUODENOLITHOTOMY + CHELECYSTECTOMY GROSS OBESIT YES NO certificate PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour 'o.m. Not While factory, street, office bldg., etc.) 19 DIRECTOR: After at work ot work , 1967, to DEC 21. I certify that (I) (this hospital) attended the deceased from , 19 67 that (I) (we) last 16 , and that death accurred at 1 25AM, from causes and on the date stated above sow the deceased alive an 22b. DATE SIGNED 220 SIGNATURE DEC MD DIRECTOR filed director, page should be filed 22c. PHYSICIAN'S ADDRESS FUNERAL NAME (Type) 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION. 23c (County) 2 250 RECD BY REGISTRAR REG STRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



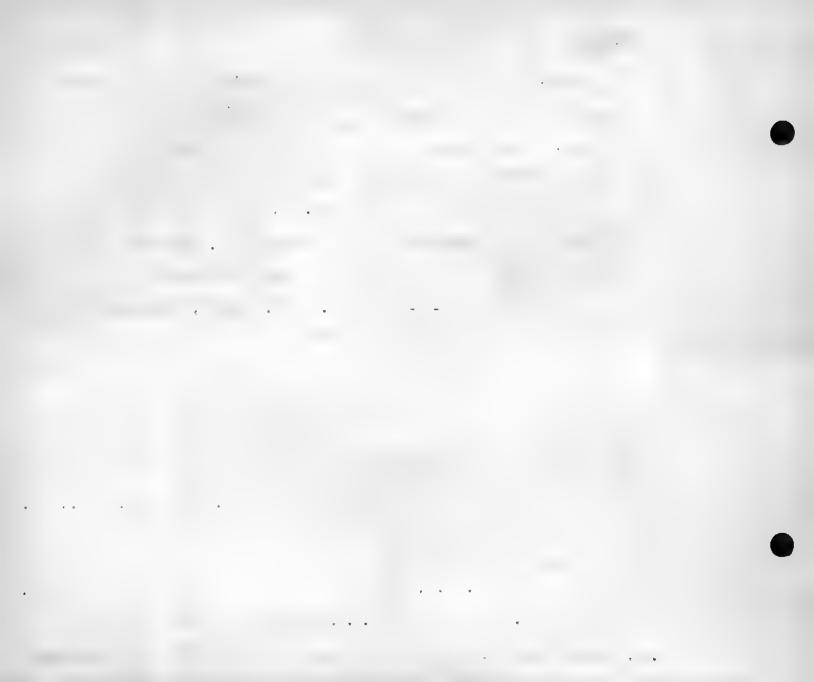
. 1	MARYLAND STATE DEPARTMENT (
	Items 8 & 9 Film G397 1/25/68	Dir
FOR STATE	MEDICAL EXAMINER'S CERTIFIC	ATE OF DEATH 10931
HEALTH DEPT.	PLACE OF DEATH • COUNTY Dorchester 2 USUAL RES • STATE	Maryland COUNTY Caroline
and M3 M3	b CITY OR TOWN (If outside corporate hmits, write RURAL and give neorest town) Cambridge DOA	Wh (If outside corporate limits, write RURAL and give nearest town) Federalsburg
un)	d NAME OF HOSP TAL OR INSTITUTION (If not in hospitot give street oddress) d. STREET ADD	DRESS B IS RES DENCE ON A FARM?
Poges With Tarr	Cambridge-Maryland Hospital	River Road YES NO K
-8 € €	NAME OF Frst Middle Lost DECEASED (Type or print) EVELYN EDNA RICKETTS	OF DEATH December 19 19 67
24 hours ofter de in Item 18. Give is Office along (w s land 2 with the fter death	SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED B DATE OF BIRT Compared Negro WIGOWED DIVORCED August	9. 1904 53 63 yrs Months Days Hours Min
I within 24 hours ofter n pencil n Item 18. Give Examiner's Office along File pages land 2 with the 2 hours after death	ng most of working life even freitred) Day Laborer Canning Factory Caro	ACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
within pencil xaminer ile poge havrs a	FATHER S NAME 14. MOTHER S	MATOEN NAME
within pencil Examin File pog		Helen Boyce
ild be executed vord "pending" in Chief Medical Extraors's permit Fisevent within 72	WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no, or unknown) (If yes give war or dotes of service) No 16 SOCIAL SECURITY NO 213-22-9009 E11swort	Address A Ricketts, Federalsburg, Md.
exe bend f Me f Me t will	18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c)) PART (DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
should be e ne word "per o the Chief ! burial-frans's	PART I DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Coronary occlusion U + 40 / OUE TO	onset and death Instant
the wor to the to burial-	Conditions, if ony, which gave) (b)	
the state of the	rise to immediate couse (o). DUE TO	
ficat hing rded os q and	lost. (c)	
This certificate should be cate, writing the word "pe be forwarded to the Chief I be used as a burial-frans' removal, and in any event	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL D	SEASE CONDITION GIVEN IN PART (6) 19. WAS AUTOPSY PERFORMEO? YES NO
	200 EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH 206 OESCRIBE HOW INJURY OCCURRED (Enter notice of	injury in Port or Port II of tem 18)
EXAMINER: cute the certificage 4 should r your files. Page 3 should cremotion, or	20c TIME OF N.JRY Month, Doy, Yeor Hour o m. 19 While at work of twork 20e PLACE OF NJURY (Hour of two	ome form, 20f (City or town) (County) (Stote) bldg , etc.)
ALEN EXECUTED OF POST POST POST POST POST POST POST POST	21. I certify that I took charge of the remains described above, held an Autops	y 🔲, Inspection 🗷, Inquiry 🔲, and in my apinia
MEDICAL please executed and altertor Petained for buriol, to buriol, to buriol,	death resulted from Natural causes 🗶 , Accident 🗌 , Suicide 🔲 , H	
MEUTCA please ex director estained DIRECTO	ACTUAL	MED CAL EXAMINER
TY D	DEPU	TY MED CAL EXAMINER [X] 12/27/67
o DEPUTY MEDICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, cremo		ess (Street, cty, town, or county) Cambridge, Ild.
O D mece	BURYA_ CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)
	REMOVAL(Specify) Dec.22,1967 Federal Hill Cemete	Federalsburg Maryland 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15ME 5		DATEJAN 2 1968 Harries Judge
	J. Framptom and Son, Federalsburg, Maryland	DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b days Hoopersville Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE Cambridge Maryland Hospital **DN A FARM?** None NO A within The law requires that the death certificate be executed within 3. NAME OF DECEASED Middle Last DATE Month D. MARY RIPPONS 19 67 (Type or print) DEATH Dec. 22. 5. SEX 6. COLOR DR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE DE BIRTH 7. MARRIED X NEVER MARRIED Female White Feb. 21. 190h WIDOWED I DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSOWITE INDUSTRY Home Dorchester Co., Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Ada Dean 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes pive war or dates of service) Mr. Thomas C. Rippons, Hoopersville, Md. No unk 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. EREBRAL signed 1 DUE TO RTERIO SCLEROSIS Conditions, If any, which UND (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES [ND this certetation for 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. - Not While at work! at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 12/22, 1967, that (I) (we) last 1967 and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22c. PHYSICIANS ADDRESS NAME (Type) 125 MIMICYANIC BURIAL, CREMATION, 23b. **DATE THEREDF** 23c. NAME OF CEMETERY DR CREMATORY LDCATION (City, town or county) 2 5 REMOVAL_(Specify) Dorchester Memorial Park Cambridge, Maryland Burial FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland 1/65 20M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16939 1 (885 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY Dorchester o COUNTY Maryland Dorchester Page Department of MARYLAND c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 2, ond P.M.3. write RURAL and give nearest town)
Cambridge Cambridge DOA d NAME OF HOSPITAL OR INSTITUTION (If not in hospito give street address) d STREET ADDRESS e IS RESIDENC ON A FARMS Cambridge-Maryland Hospital 606 Cross Street the State L YES NO K be executed within 24 hours ofter death Item 18. Give Pog Office along with NAME OF Frst 4. DATE Midd e Year DECEASED **GEORGE** WASH INGTON 19 67 ROBERTS December Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last bythday) Haurs Male Sept. 11, 1908 Negro WIDOWED IX DIVORCED 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR COUNTRY? during most of warking life even if retired)
Day Laborer Construction Dorchester Co., Maryland the word pending" in pencil in to the Chief Medical Examiner's 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Myrtle Washington William Roberts IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no. or unknown) (If yes give wor, or dates of service 220-26-5251 Mrs. Lee C. Roberts, Cambridge, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH buriol-transit PART I DEATH WAS CAUSED BY. Intracranial injuries MMEDIATE CAUSE (o) This cert ficate should Extensive fracture of skull Insta t Conditions, fany, which gave) nse lo immediale couse (o), c DUE TO stating the underlying couse and and 19 WAS AUTOPST PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) remayol, YES TO NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I or Part II of Item 18) cement floor. should PRIMARY OF CONTRIBUTING should Slipped through roof and fell about 28 ft. to EXAMINER: CAUSE OF DEATH 20f (Cly or lown) 20e PLACE OF INJURY (Home, form 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year While at work Not While foctory, street, affice b dg , etc) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page 10AM pm 12/27/67 Factory Nr. Linkwood, Dor 21. I certify that I took charge of the remains described above, held an Autopsy ox, Inspect on , Inquiry Natural causes , Accident , Suicide , Homicide Undetermined manner death resulted from: funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/2/68 DEPUTY MEDICAL EXAMINER 300 John Mace Jr. M.D. Cambridge. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 50 Jan. 2, 1968 Bethel A.M.E.Cemetery Cambridge, Maryland 250, REC D BY REG STRAR 25b REG STRAR'S SIGNATURE ADDRESS VR A15ME (5 Menulas J J. Framptom and Son, Federalsburg, Maryland DATUAN 10



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH			
HEALTH DEPT	Ī	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) 5 COUNTY 5 COUNTY		
		b CITY OR TOWN (I outside corporate limits c. LENGTH OF STAY IN 1b c. C TY OR TOWN (If auts de corporate limits, write RJRAL and give nearest town) 7.5		
h. If cry delay ges 1, 2, and 3 farm PM3. Pa ate Department haurs after dea	1	d NAME OF HOSPITAL OF INSTITUTION (If not up becaused to we street appress) of STREET ADDRESS		
ath. If ogges 1, the form State De	1	Einstern Shire State HISP- 1295, Parlington VES NOS		
deat deat	3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH DECEASED ST 1967		
offer of the within	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE In years IF UNDER 1 YEAR IF JNDER 24 HRS		
S		O USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT		
		FATHER S NAME INDUSTRY INDUSTRY IA MOTHER'S MAIDEN NAME COUNTRY: A MOTHER'S MAIDEN NAME		
d w thin in pencil i		Bed ford Re. Catherine Heredith		
s certificate should be executed within 24 e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's used as a bund-transit permit. File pages a burial, cremation, or remaval, and in any		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Address Address Address Address		
be executed "pending" in hief Medical E ansit permit. F or remaval, a	F	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART 1. DEATH WAS CAUSED BY: QNSET AND DEATH		
should be e ne ward "per a the Chief I burial-transit mation, or re		493 X IMMEDIATE CAUSE (a) DUE TO 2227		
ate should g the ward d ta the Ch a bunal-tra cremation,		Conditions, if ony, which gove) nse to immediate couse (a), DUE TO		
certificate should writing the ward inwarded to the Chased as a burial-treburial, cremation,		iast (c)		
	ATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO		
INNER: This be certificate, should be far files. 3 should be was a should be	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.)		
■ 3 中 5 日	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e PLACE OF .NJURY (Home, form. Hour o.m. 20f (City or town) (County) (Stote)		
L EXAM ecute the Page 4 ar yaur R:Page		p.m. 19 otwork otwork 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion		
range of the control		deoth resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner		
METCAL EXA please execute I director. Page retained for you DIRECTOR: Page its designated a		ACTUAL SIGNATURE ASSISTANT MED CAL EXAMINER ASSISTANT MED CAL EXAMINER 22. DATE SIGNED		
DEPUTY MEDICAL EXAM reessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth or its designated age		EXAMINER'S JOHN MACE JR DEPUTY MEDICAL EXAMINER & 12/3/167		
TO DEPUTY The funeral the funeral to be to	230	DEMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote)		
- (0)	24	4 FUNERAL DIRECTOR ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION ASSOCIATION AND ADDRESS ASSOCIATION ASSOCIATION AND ADDRESS ASSOCIATION ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION ADD		
VR ATSME IS	-	1/21 Kr. 161 Still Pond Mod with" 3 1968 Charles Judge		

MARYLAND STATE DEPARTMENT OF HEALTH



A 1.		16341		, 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201 よる分子。
2 24		ECEASED-NAME First		Last	20 DATE OF DEATH 25. HOUR
uneral Lend		'ype or print) Geo	rge Thomas	Stewart	December 15,67 8 Am
affer Tur	3. S	x Male	4 RACE White	S. DATE OF BIRTH Dec.5,188	6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last burthday) MONTHS DAYS HOURS MIN
Par Par	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH
4 hou 4 hour 1 in beers.	₹ŒU	Maryland	U.S.	B. MARRIED NEVER MARRIED DIVORCED DIVORCED	Dorchester Md.
e executed within 24 hand completely filled in remove corbon papers.	1D.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR III give street address)	ISTITUTION (If not in hasp tal 12a. USU	IAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OF
rbook , with	12-	Cambridge	Cambridge	-Maryland Hosp.	Ret Famrer
ecuted with completely ove corbon y event, with	odm	ISSIGN) STATE Md.	sed lived, if institution. Residence before		10□ Race St.
a co	14	FATHER'S NAME First	Middle Last	15. MOTHERS MAIDEN NAME	
ond ond	L	George	Henry Stews		atherine Priscilla Willey
e deoth certificote be attending physicion c sermit. Then please on, or removal, and 11	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURITY	NO 17 INCODMENT	1 O CIALIFE A D II
fiffic hysi val,		(es. 14 8 nukuawu) (II yes give v	var or dates of service) 2/9-16-6	/c/ Mrs.Edith S.	Hurley, Cambridge, Md
red but	Г	1B. CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and (c	1.1 /	APPROXIMATE INTERVAL BETWEEN OBSET AND DEATH
soff- indir	L	PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a) Corclasor	Haener La 6	18:Ms
re deoth attendi permit. ion, or r	П	33/X	DUE TO, OR AS A CONSEQUENCE OF		1 1
the sit i	L	Conditians, if any, which gave use to immediate couse (a),	(b) Citero-s	Island, Corch	rad lederte
tha on. by ron cren		stating the underlying cause	DUE TO, OR AS-A CONSEQUENCE OF		
quires that thy physicion. signed by the buriol-tronsit buriol, crema		last	(1) Well.	Releases Ki	
requi g ph) n sign e bur		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)
The low r r otending e hos been use as the alth prior to	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 2Da. AUTOPSY?	206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The loster the reserved to the	18			YES NO Z	CAUSES OF DEATH?
AN: or ur healt		21g. ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCURRED (Ent	er noture of injury in Part 1 or Part 2, Item 18.)
YSICIAN: Ospital or certificate the for units of Health	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M	9	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth Page 4 may be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	M.	ALL S HOLINHING	•	ACTORY.) 21f. LOCATION Street or R.F.D. No	
by the fifter the document of	1	22a. I certify that (1) (th	us haspital) attended the deceas	sed from, 19,	50 , ta () , 190 / , that (I) (we) last
NDI NDI Sed be	П	saw the deceased o	ilive an	19 🦳 , and that in (my) (aur) ap	190 / , ta (I) (we) last unian death accurred an the date and haur and from the
ATTE Staine Shoul		22b SIGNATURE	e, (I) (we) (did) (did nat) view the	bady after death.	22c. DATE SIGNED //
REC 33 S		auser !	D. /b.	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. DIVITION
N D A D A D A D A D A D A D A D A D A D		22d/ PHYSICIAN'S	I would wa	22e ADBRESS	DIRECTOR PHIS.
O HOSPITAL OR ATTENDING Poge 4 may be retained by 1 o FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Start		NAME (Type)		a	worder Med
HOS HOS	230	BURIAL, CREMATION, 23b	DATE 423c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)
0 0 0 5 4 1			c.17.1967 East	New Market Ceme	tery East New Market Ma
VR A15 (4)	24	FUNERAL DIRECTOR	10 Campri	dge,Md. 250. REC'D	BY REGISTRAR 256. REGISTRARS SIGNATURE
30M REV 1/68	[1]	181110115	- Heren and a final in	DATE	FC 27 1967 Mionles Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



		16942	DIVISION OF V			PAKIMENI OF		DVIAND 2120	1	
Li			DIAISION OL A			TE OF DEATH	IIMORE, MA		6935	
OF NEW R		CEASED-NAME First		Middle		Lost	2a DATE OF			2b HOUR
funeral and technique] , (I	ype or print) NATH	WIEL		STE	WART	DEC	Month TABELL	26. 1967	8 P M
1 2 2 2	3. SE	X	4 RACE		S	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
7 1 200		MALE	N	EGROID		DEC. 2. 1	205	6 AGE (In years last buthday) 62	YRS. MONTHS DAYS	Mill Carroll
\$ 'A B	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY?	MARRIED 💢	NEVER MARRIED	9 COUNTY OF	DEATH		
4 / E 35	CORI	MARYLAND	USA		WIDOWED [DIVORCED [DORCHES'	rer_	Md.
n 2	10 6	ITY OF TOWN OF DEATH	11 NAM	E OF HOSPITAL OR INST	TUTION (If not ii	haspital 120 USI	JAL OCCUPATION	(Kind of work d	one 12b KIND OF I	SUSINESS OR
with ban wif		CAMBRI GT	give stre	O ALLEN S'	יון וווצוי	avring r	T.AHOR	life, even if retiri	ad IMPG3IKI	
od v	130.		sed lived, if institution	. Residence before	13c CITY OR TO	WN 138. INSIDE CITY	LIMITS? 13e ST	REET AND NUMBER	R	
omple ceve	dam	ssion) STATE MD.	13b. COUNTY	DOR	CAMBRU		- 01	OO ALLEN	STREET	
ond completely in any event, with any event, with	14 1	ATHER'S NAME First	Middle	Lost	1S M	OTHER'S MAIDEN NAME	First	Midd		Last
ate be executed vicion and complete fease remaye car and in any event,		JOHN	ALFRED				MNIE		MOORE	;
ertificate be exe physician and c hen please remo noval, and in any	16a.	WAS DECEASED EVER IN U.S. AR	war as dates al conveni	6b. SOCIAL SECURITY NO				Addre		
phys		es, no, as unknawn) (If yes give		214-07-99	ile .	GERTRUDE S'	TEWART	CAMBR:		LATE INTERVAL
s that the death certifician. Just the attending phy transit permit. Then crematian, ar remova		18 CAUSE OF DEATH (Enter of	nly one couse per line	for (o), (b), and (c).)					BETWEEN OF	ESET AND DEATH
eaff endi		PART I. DEATH WAS CAUSE , IMMEDI	ATE CAUSE (o)		CORON	ARY HEART	DISEAS	SE		
ath ath am,		7 101		A CONSEQUENCE OF						
the the material		Canditians, if any, which gave rise to immediate cause (a),	(D)	<u> </u>						
tran cren		stoting the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF						
equires that the death ce physician. signed by the attending burial-transit permit. The burial, crematian, ar rem		last.	(c)			IS DEPLOYED BUILDING OF	COURT ON ALL	21 11 0 0 0 T 12 1		
nba. Signa para para para para para para para pa		PART 2. OTHER SIGNIFICANT CO	NDITION? CONTRIBUTION	IG TO DEATH BUT NO	RELATED TO T	HE TERMINAL DISEASE OF	CCONDITION GIVI	N IN PAKT 1(0)		
The law requires that the death certificate be executed within 24 haurs after attending physician. The been signed by the attending physician and campletely filler in by he for sea as the burial-transit permit. Then please remaye carban papers oges 1 th priar to burial, crematian, ar removal, and in any event, within 2 hours of text.	NO.	190. DATE OF OPERATION 19b	CONDITION FOR WHICH	ODEDATION WAS DED	ODMED	20a AUTOPSY?	206 1	VEC WEDE E NIDIA	IGS CONSIDERED IN CE	PTIEVING
The loaten attenders by the as by the price of the price	R	190. DATE OF OPERATION 190	CONDITION FOR WHILE	TUPERATION WAS FERE	OKMED	YES NO	CALICE	S OF DEATH?	103 CONSIDERED III CE	CIII (IIII)
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ye 3 should be detached far use as the burial-traited with the State Dept. of Health prior to burial, created with the State Dept.	CERTIFICATION	21a ACCIDENT WAS UNDERLYI	NG 216 TIME OF I	MHIDY	21c HOW	INJURY OCCURRED (En	_	ory in Port 1 or Po	rt 2. Item 181	
for the Heart		OR CONTRIBUTING CAUSE OF DEA		Month Day Year	210.11011	THE OCCUPANCE OF THE PROPERTY	or regrote or my	,,,	., .,,	
rstc. spitcertifi red 1	MEDICAL	(If either, notity medical exam 21d INSURY OCCURRED 21e	iner) P.M.	T HOME, FARM, STREET, FACT	RY 1 21F LOCA	TION Street or R.F.D. N	lo. (it	ar Town	County	Stote
DING PHYSICIAN: by the haspital ar lifter this certificate be detached far v State Dept. of Heal		While Not while at work	(0	FFICE BUILDING, ETC.	/	311001 01 111 21 11				
A the second of	L	22a certify that (I) (t	us hasnital) atten	ded the deceases	fram 7.2 /	23/196	57 . ta_5	2/26	. 19.67 . that	(I) (we) last
d by Afr	1	22a. I certify that (I) (the saw the deceased causes stated above	live an 12	/2619	67, and t	hat in (my) (2011) a	pinian death	accurred an th	e date and haur	and fram the
A ATTENI retained recTOR: A 3 should with the	L	causes stated above	e, (I) (446) (did) (d	Milhet) vew the	ady after dec	ath.		-	AA BATT CITATION	
OR ATTENDING De retained by the MRECTOR: After a 3 should be ded with the State	П	22b. SIGNATURE	elect.	-	proper	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS.	22c. DATE SIGNED	
Dis pe	L	22d PHYSTCIAN S	- ta	LLY	DEGREE	22e. ADDRESS	DIRECTOR -	PHYS.	12/29/67	
PITAL OR may be may be IRAL DIR	П	A1 6 A1 7 79)	EDWIN FASS	ETT M.D.		623 HIG	H STREET	r CAMBI	RIDGE, MD.	
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached far use as the should be filed with the State Dept. of Health prior to	22-		DATE PAGE	23c. NAME OF C	EMETERY OR CO			ON (City or Tawn)		(State)
H S S S S	230	REMOVAL ISpecify) BURTAY	12/30/67		WAUGH			BRIDGE	DOR	MD
1000	24	FUNERAL DIRECTOR	12/30/01	ADDRESS			BY REGISTRAR	2Sb REGIST	RAR S SIGNATURE,	100 .
30M REV (8	1	Tudiciel ().	Al Pais	CAMBRI	DGE, M.	DATE JA	N 2 1	968 /	horres for	7



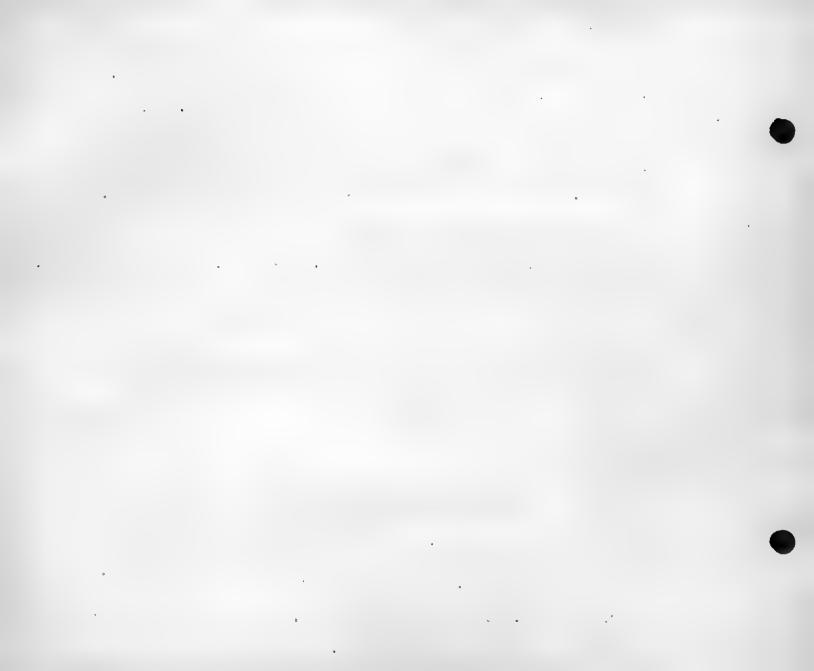
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
. ~ > \	CERTIFICATE OF DEATH 18936	
s after death the funeral uges I and	1. PLACE OF DEATH O. COUNTY O. C. J. E. J. C. LENGTH OF STAY IN 16 C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceosed I ved, if institution. Residence before admit on STATE D. C. J. E. J.	- was
filled in by pages. The thin 72 sours	CANDISTIGGE (KARHA) 11110N/Hz (6 CHRS) COTTO 127 AT IV d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d. STREET ADDRESS ON A PHOLORY STATE HOSPITAL YES [FSIDENCE A FARM? NO
physician and campletely filled physician and campletely filled en please remove carban pape aval, and in any event, within 7	Color of Race Thomas Sex Color of Race Thomas	Yeor 19 6 / DER 24 HRS rs Min
ikate be ex sician and please rem il, and in an	TOURS TOUR	
quires that the death certificate be ex physician. signed by the attending physician and burial-transit permit. Then please rem burial, crematian, or remaval, and in an	Thomas Chrey 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 17. INFORMANT Address NO 18 TO 18	ords
quires that the death physician. signed by the attendii burial-transit permit. burial, crematian, or re	B CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave) (b) Chaptic Brain Syndhome goa	BETWEEN DEATH
itals: The law repital or attending rificate has been of for use as the af Health prior to	rise to immediate couse (a), storing the underlying couse (b). (c) Use Consideration (c) The terminal disease condition given in Part (b) 19 WAS AI PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (c)	UTOPSY
	PERFOIL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING	NO F
retained by the haspital retained by the haspital ECTOR: After this certifical should be detached fawith the State Dept. af H	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Ot While of work at work 19 of wor	(Stote)
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the	saw the deceased alive an 12-26-1967, and that death accurred at 1004 M, fram causes and an the date state 22a SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 12-36-6	ted abav
Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld	22c. PHYSICIAN'S NAME (Type) LEANDRO H. AREA 22d. ADDRESS: Lastein Skise Hest. Crackle 23o. BJRJAL, CREMATION, REMOVED Specify) 23c. NAME OF CEMETERY OF GREMATORY REMOVED Specify 23d. LOCATION (CITYLE TOWN) (COJING) (COJING) 27d. ADDRESS: Lastein 23d. LOCATION (CITYLE TOWN) (COJING) (COJING)	(Stote)
P 2 2 7 7 8 15 (4) 25M 1/67	24. Juneal Director & Leonard St. Michaels, Monte AN 3 1968 Peters and St. Michaels, Monte AN 3 1968 Peters and St. Michaels, Monte AN 3 1968	2



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16544 CERTIFICATE OF DEATH 13937 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY. MARYLAND X CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 18 CITY OR TOWN (If/outside corporate limits, write RURAL and give nearest town). write RURAL and give nearest town B IS RESIDENCE ON A FARM? .⊑ OR INSTITUTION (If not in hospital, give street address) paber filled State NO 🔀 YES. signed by the attending physicion and campletely fille buriol-tronsit permit. Then please remave carbon pa buriol, cremation, ar remaval, ond in ony event, withing NAME OF 4. DATE Month Doy Year DECEASED 19 6 (Type or print) mma DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthdoy) egRo WIDOWED S DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State or Foreign country) during most of working life, even if retired) INDUSTRY House wife 13. EATHER S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) Hosa Med CLAKNOUN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospitol or attending physicion. DUE TO Conditions, if ony, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse After this certificate has been be detoched for use os the State Dept. of Health priar to last. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANTIONN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INIJRY (Home, form, ((ty or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour om. factory, street, office bldg., etc.) at work 2). I certify that 41 (this hospital) attended the deceased from 2-2 1967, and that death accurred at 100 AM, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 12 220 SIGNATURE M.D. PHYS DIRECTOR director, page should be filed ed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) BUR, AL, CREMAT ON NAME OF CEMETERY OR CREMATORY (Stote) DATE THEREOF (County) 230 BUR, AL, CREMAT OF BURENOVAL (Epecify) Hope ce. Maryland 24 FUNERAL DIRECTOR VR A15 (4) DATE



11	1		* COZE DIVIS				TREET, BALTIMORE, I		1	
FOR STATE			16945 DIVIS		·		TIFICATE OF DE		169	38
HEALTH DEPT			EASED-NAME	First	Midale		Last	20 DATE KNO	OWNES Month	Day Year 2b HOUR
af af	e sele	{T ₁	pe or Print) Ho	ward	Randol	oh V	Veedon	Uh h	TED Dec.	
delay ond 3 M3. Pa	M	3 SE)		S DATE OF BIR	RTH 6 AG		IF UNDER 1 YEAR F JINDER 2	4 HRS 2c DATE PROF	NOUNCED DEAD	2d HOUR
ay delay is 2, and 3 ta PM3. Page	(日)		Male Whi			L YRS		Month Dec	3.8°	Year 19 679 : PM
ny delay 1, 2, and 3 m PM3. Pa	\leq		RTHP:ACE (State or foreign	76 CITIZEN OF WH			D NEVER MARRIED [9. COUNTY OF DEATH	1	Lam.
ges l			() Cambridge			WIDOWE		Dorch		Md
章 夏丰 人	71		Y OR TOWN OF DEATH		AME OF HOSPITAL OR IN			SUAL OCCUPATION (Kin most of working life.	d of work done even if retired)	12b KIND OF BUSINESS OR INDUSTRY
Give Pages ang with for	1"		Cambridge ISJA. RESIDENCE (Where do				try Club I		ND MUMBER	Hardware
s affer 18 Gr along with death	, ë	gdi	nission) STATEMd	13b. COUNTY	Dorchest	er Ca	mbridges X w		Byrn St	
haurs after death frem 18 Give Page Office along with land 2 with the Star after death			THER S NAME First	M-adle		1	MOTHER'S MAIDEN NAME		Middle	Last
24 hours a in Item 18 r's Office al es land 2 w	- [John	H.				nnie	11114210	Hearn
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages land 2 with the State action, or remayal, and in any event within 72 hours after death.		160. W	AS DECEASED EVER IN U.S. ARI		16b SOCIAL SECURITY N	0. 17 #	NFORMANT		ADDRESS	
d within in pencil Examine File pag		(18	Yes V	es gree war or dates of service)	214-07-7	921	Mrs. Howar	d Weedon	Cambr	idge Md.
= = = = = = = = = = = = = = = = = = =			18. CAUSE OF DEATH (Enter	er anly one couse per li	ine for (a), (b) and (c)					APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ing ing ermi			PARI I. DEATH WAS CA	AUSED BY MED:ATE (ALSE (0)	Co	ronar	y Occlusio	n		
rold be executed vord "pending" in the Chief Medical Ead-transit permit. For ony event within			forda on 16 on outline on	,	AS A CONSEQUENCE OF					
d 'p d 'p Chie			Cond tions, if ony, which go rise to immediate cause {	o), (b)	AC A CONSCOURNE OF					-
should be executed with word "pending" in period to the Chief Medical Example burial-transit permit. File it in ony event within 72			stoting the underlying cou last.	ISB DUE TO, OK	AS A CONSEQUENCE OF					
This certificate should be executed within cate, writing the word "pending" in pencil be farwarded to the Chief Medical Examine I be used as a burial-transit permit. File pagin remayal, and in any event within 72 hour		- 1	ART 2 OTHER SIGNIFICANT ((a)	INC. TO DEATH BUT NOT	DELATED TO 1	THE TERMINAL DISCASS OF C	OND FIGHT CIVEN IN DA	DT 1(a)	1
is certificate te, writing the farwarded to ee used as a be remaval, and			ANY Z OTHER SIGNASCANT C	CHOMOMO CONTROL	ING TO DEATH DOT NOT	KLCHILD IO I	THE TENRINAL DISEASE ON C	ONOTHOR SIVEN IN TA	KT I(a)	
his certif ate, writh e farwari be used i	_	CERTIFICATION	90. DATE OF OPERATION		19b COND TION FOR V		ION			20. AUTOPSY?
ite, fall	2	Ĭ.			WAS PERFORMED?					YES NO 💢
IER: This certificate, rould be for es. should be retired.			TIG EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTE		INJURY Manth, Day Yea M	r 21c f	HOW INITIARY OCCURRED (En	er nature of injury in l	Port 1 or Port 2, Ite	am 18)
INER: T e certific should b files. 3 should		≅ L	CAUSE OF DEATH	P.i	M. 19	4.1				
(AMINER: te the certine 4 should raur files. age 3 shou crematian,		₹	WHILE CON COLUMN BLICK	21e PLACE OF INJURY (factory, affice buildin		21f L	OCATION Street or R F.O. No.	City or To	OWn	County State
	. 1	ŀ	AT WORK AT WORK			1 1	1			
ICAL I E exector far. Poed far CTOR:			death resulted from		ne remoins describi ses 💢, Acciden		ela an Autapsy [], vicide [], Hamicid	Inspection [, Inquiry [nined manner i	_
ase rectoration in the ptop to b			death resorted trai	n: Natural Caps	ses [X], Acciden	: [,		ninea manner i	
TY pre- production of the prior			ACTUAL SIGNATURE	an In	-cal		CHIEF MEDICAL I	CAL EXAMINER	22b DATE	SIGNED
Ssary, F funeral by be r NERAL			EXAMINER'S		1			EXAMINER X	Dec	19.1967
To DEPUTY JICAL Enecessary, prease exect the funeral directar. Pa 5 may be retained far To FUNERAL DIRECTOR: Health priar to burial.	• -		NAME (Type) JO!	hn Mace J				city town, or county)		
5 = + ~ 5 =		230	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF			23d LOCATION (Cit		(Caunty) (State)
2)		REMOVAL (Specify)	Dec.21,1			r Mem. Park	Cambri		rchester Md
VR ALSMA S	9	24.	UNIERAL DIRECTOR	. a.	ADDRI		250	. U 26 3 KAK 196	ZSD REGISTRARS	HENNIUR LINGER
10M REV 178		19	mult KVa	מון באנה	Cambri	age M	.d. DATE			



16946 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16939 CERTIFICATE OF DEATH haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission PLACE OF DEATH COUNTY DREFESTER MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RES DENCE within 72 ON A FARM? NO K NAME OF 4. DATE Year DECEASED camplete (Type or print) 19 40 DEATH and in any event, remave car The law requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS S. SEX 7. MARRIED **NEVER MARRIED** lost birthdoy) 05-18-WIDOWED DIVORCED | 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Retired COUNTRY? TWic. Co. Grocery niecha 13 FATHER'S NAME crematian, ar removal, AddresMrs. 16. SOCIAL SECURITY NO. 17 INFORMANT MED RECORDS (If yes give wor or dates of service) 219-46-2518J NO XXXXXXXXXX NO IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY arcinoma IMMEDIATE CAUSE (o) DUE TO ye 3 should be detached far use as the burial-ted with the State Dept. af Health priar ta burial, Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1) of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF NJURY (Home, farm, (City or town) (County) (Stote) 20c TIME OF IN. JRY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Hour om Not While 21. I certify that (I) (this haspital) attended the deceased from Le 19 62, and that death organied at saw the deceased alive an_ 2007M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** PHYS director, page should be filed 22d ADDRESS 22c PHYSICIAN S TO FUNERAL Cambridge, Maryland FEL19 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d, "OCATION (City or Town) (County) REMOVAL (Specify) Jan. 3,1968 Parsons Cemetery Salisbury, Maryland Burial 24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 HOLLOWAY & COMPANY, SALISBURY, MARYLAND -batel

MARYLAND STATE DEPARTMENT OF HEALTH

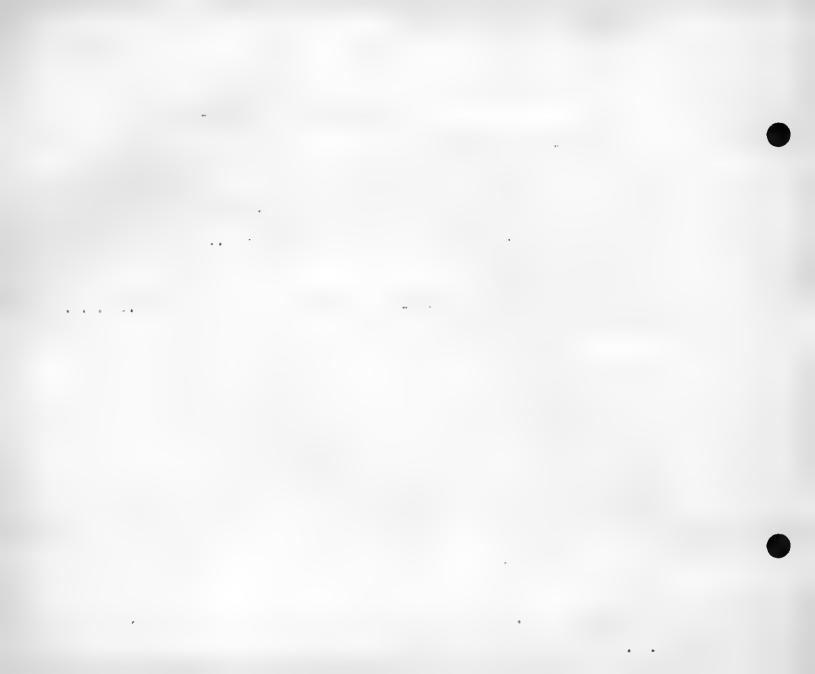


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16947 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY p. STATE b. COUNTY Dorchester 0 Maryland Dorchester MARYLAND. atiy delay c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Federalsburg - Rural b CITY OR TOWN (f outside corporate limits, C LENGTH OF STAY IN 16 Federalsburg -Li fe d STREET ADDRESS Eldorado Road d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? icate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with farm. Eldorado Road YES NO X land 2 with the State 24 hours after death. NAME OF First Middle Lost DATE Month Doy Year DECEASED EMMETT WOODROW WILSON December 11 67 19 (Type or print) DEATH IF UNDER YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 DATE OF BIRTH 9 AGE (In years 10st hirthdoy) Months Hours WIDOWEDURKNOWN October 5, 1909 Male White event within 72 haurs after death. 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)

Day Laborer Plumbing Dorchester Co., Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate shauld be executed within Dorothy Lankford Ezekiel Wilson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT · (Yes, no, or unknown) (If yes give war or dates of service) 212-14-4283 Mrs. Charles G. Saulsbury, Felton, Del. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion 420,1 DUE TO and in any Conditions, if ony, which gove (b) nse to immediate couse (a), DUE TO stoting the underlying couse lost 19 WAS AUTOPSY PERFORMED? ar removal, PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate, NO X 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury an Port 1 or Port II of term 18) 3 should PRIMARY OF CONTRIBUTING shauld CAUSE OF DEATH. MEDICAL 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page Inspection 🕱 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry , and in my op'n on Natural causes X. Accident . death resulted fram: Suicide Hamicide Undetermined manner funeral directar may be retained CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city town or county) Cambridge. Md. John Mace M.D. NAME (Type) the 23d LOCATION (City of Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMAT ON, (County) 0 Eldorado, Dorchester Co., Md. Dec. 14, 1967 Eldorado Cemetery 2So RECD BY REGISTRAR 2Sb REGISTRAR'S SGNATUR 24 FUNERAD DIRECTOR VR A15ME ramptom and Son: DATEDEC Federalsburg, Maryland 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH





			67/04/
	11-12		
	•		
	gantier 9 .	ar district	
	A Permi	200	N _ NOTE TO BUILT
PHOP I		1 8 MA 4 3	
8aer L	darka Lui orb		

12. 10	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	16950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16943	
PM3. Page HTAPH of the death.	1. PLACE OF DEATH o. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to the country of the corporate limits, write RURAL and give nearest to the country of the corporate limits, write RURAL and give nearest to the country of	,
ath. If any day day ges 1, 2, and the farm PM3 State Departs 2 hours after	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e.] 7ES 3. NAME OF	S RESIDENCE ON A FARM? NO Year
haurs after death. If of them 18. Give Pages 1, Office alang with farm land 2 with the State De event within 72 hours	F WIDOWED DIVORCED 3/25/19/1 3 TOST GIFTHOUY) Months Doys	1967 UNDER 244IRS. Hours Min.
ithin 24 haurs sencil in Item 18 sminer's Office c pages 1and 2 v d in any event	10a. ÚSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHICLACE (Stote or foreign country) 12. CUPIZEN. OF W COUNTRY? 13. FATHER'S NAME 14. MACHINER'S MAIDEN NAME	<i>H</i> ,
be executed within "pending" in pencil rief Medical Examine nnsit permit. File pag ar remaval, and in c	15. WAS DECEASED FOR IN U.S. ARMED FORCES? (Yes, no, or unknown) Hoyes give wor or dotes of sewice) 16. SOCIAL SECURITY NO. 12. INFORMANT Address Address On a principle of the control of the contr	Palto
icate should ing the ward ded ta the Ch as a burial-tro	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Intracrenial injuries OUSE	Mins Mins
his certifi ate, writt e farwar be used to buria	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAY PET YES 2	AS AUTOPSY REFORMED? NO
EXAMINER: T cute the certificage 4 shauld bryour files. Page 3 shauld ed agent, priar	200. EXTERNAL CAUSE WAS PRIMARY 24 or CONTRIBUTING COUNTRIBUTING COUNTRI	(Stote)
o DEPUTY MESTAL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 shauld be for 5 may be retained far yaur files. O FUNERAL DIRECTOR: Page 3 shauld be used the standard of the standard	21. I certify that I took charge of the remains described above, held an Autopsy \(\) Inspection \(\), Inspection \(\), Inquiry \(\), and in death resulted from: Notural causes \(\), Accident \(\), Suicide \(\), Homicide \(\), Undetermined monner \(\)	my opinion
01 02 H 02 01 OI	230 ABURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CREMATORY. 23d TOCATION (City or Town) (County) 23d TOCATION (City or Town) (City or Town) (County) 23d TOCATION (City or Town) (Ci	(State)

